

## **Articles of Organization**

**DOMESTIC Limited Liability Company** 

→ Filing Fee: \$150.00

ECRETARY OF STATE CORPORATIONS BLY

Pursuant to the provisions of RIGL <u>7-16</u>, the following Articles of Organization are adopted for the limited liability company to be organized hereby:

The name of the limited liability company is:					
175 POST ROAD REALTY, LLC					
2. The name and address of the initial resident agent/office in Rhode	s Island is:				
Agent Name Hagop S. Jawharjian, Esq					
Street Address (NOT a P.O. Box) 2013 Plainfield Pike					
City/Town Johnston	State RHODE ISLAND	Zip Code <b>02919</b>			
3. Under the terms of these Articles of Organization and any written of the limited liability company is intended to be treated for purposes of	operating agreement made (federal income taxation as	or intended to be made, (CHECK ONE BOX):			
partnership <b>or</b>					
a corporation or					
disregarded as an entity separate from its member(s)					
4. The address of the principal office of the limited liability company, i	f it is determined at the time	of organization:			
Street Address 175 Post Road					
City/Town <b>Warwick</b>	State RI	Zip Code 02889			
<ol> <li>The limited liability company has the purpose of engaging in any la until dissolved or terminated in accordance with RIGL <u>7-16</u>, unless a Section 6 of these Articles of Organization.</li> </ol>					

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JUL 0 2 2019 8:29 By an 85049

	not limited to, any limitai	tion of the purpose(s)	elect to have set forth in these Articles or duration for which the limited liability perating agreement:	
			Check this box to indicate attachment	
7. The Limited Liability Compa	ny is to be managed by:		<del></del>	
You MUST check one box:  Its member(s) (If you have	a chacked this have skin	to Section 8. Do not	fill out the chart helaw )	
1 =	_		per(s) at the time of the filing of these Articles	
of Organization, state the	name and address of ea	ch manager below.)		
MANAGER	ADDRESS			
8. Date when these Articles of	 Organization will be effe	ctive: CHECK ONE I	BOX ONLY	
✓ Date received (Upon filing	)			
	•	O dava fasa ha ha data	of Clina)	
Later effective date (Date				
accompanying attachments, a			licles of Organization, including any use and correct.	
Name of Authorized Person Addre		Address	ldress	
Artak Avagyan	in 175 Post Road			
City/Town		State	Zıp Code	
Warwick		RI	02889	
Signature of Authorized Person		1	Date	
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