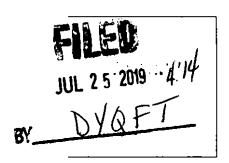
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State of Rhode Island and Providence Plantations		
(U) Department of State - Business Services Divisi	ion	25
tac_t		
Articles of Organization		STAL
DOMESTIC Limited Liability Company		
→ Filing Fee \$150.00		* * 9 •*
Pursuant to the provisions of RIGL <u>7-16</u> , the following Articles of Orga the limited liability company to be organized hereby:	anization are adopted for	
1. The name of the limited liability company is:		
Claremont Holding	SLLC	
2. The name and address of the initial resident agent/office in Rhode	e Island is:	
Agent Name Nina LERMONTON		
Street Address (<u>NOT</u> a P.O. Box) 40 Stateline Way, Uni City/Town Chauston	÷f1	
City/Town CRauston	State RHODE ISLAND	Zip Code 0292 (
3. Under the terms of these Articles of Organization and any written the limited liability company is intended to be treated for purposes of		
partnership or		
a corporation or		
disregarded as an entity separate from its member(s)		
4. The address of the principal office of the limited liability company,	if it is determined at the time	e of organization.
Street Address 40 SFAILChe Way, Unit	-1	
City/Town Crauston	State R.L	Zip Code 0 2921
 The limited liability company has the purpose of engaging in any l until dissolved or terminated in accordance with RIGL <u>7-16</u>, unless a Section 6 of these Articles of Organization. 	awful business, and shall ha	

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MAIL TO: **Division of Business Services** 148 W. River Street. Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.ri.gov



ьa.

of Organization, including, bu company is formed, and any	it not limited to, any limitation other provision which may b	n of the purpose(s) or dura e included in an operating	o have set forth in these Articles ation for which the limited liability g agreement: ck this box to indicate attachment	
7. The Limited Liability Company is to be managed by:				
You MUST check one box: Its member(s) (If you have checked this box, skip to Section 8. Do not fill out the chart below.)				
One (1) or more manager(s) (If the limited liability company has manager(s) at the time of the filing of these Articles of Organization, state the name and address of each manager below.)				
MANAGER	ADDRESS			
· · · · · · · · · · · · · · · · · · ·				
8. Date when these Articles of Organization will be effective. CHECK ONE BOX ONLY				
Date received (Upon filing)				
Later effective date (Date must be no more than 90 days from the date of filing)				
Under penalty of perjury, I declare and affirm that I have examined these Articles of Organization, including any accompanying attachments, and that all statements contained herein are true and correct.				
Name of Authorized Person		idress		
Nina Lermontal 40 Starline Way, Unit 1				
CRAUSTON	_	State RT	Zip Code 02921	
Signature of Authorized Person	SIGN DOCUMENT H	ERE	Date 07-16'-19	

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If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

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State of Rhode Island and Providence Plantations **Department of State** | **Office of the Secretary of State Nellie M. Gorbea**, Secretary of State

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island

and Providence Plantations, hereby certify that this document, duly executed in

accordance with the provisions of Title 7 of the General Laws of Rhode Island, as

amended, has been filed in this office on this day:

July 25, 2019 04:14 PM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

