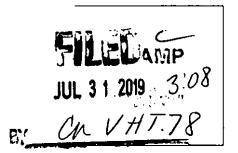
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State of Rhode Island and Providence Plantations Department of State - Business Services Division				
Articles of Organization		STAMIN		
DOMESTIC Limited Liability Company				
→ Filing Fee: \$150.00				
Pursuant to the provisions of RIGL <u>7-16</u> , the following Articles of Organization are adopted for the limited liability company to be organized hereby:				
1. The name of the limited liability company is:				
42020 VISIONARIES LLC				
2. The name and address of the initial resident agent/office in Rhode Island is:				
Agent Name Mad Foon D'Arrezzo				
Street Address (<u>NOT</u> a P.O. Box)				
77 What Cheer Rd				
City/Town	State	Zip Code		
Narragansett	RHODE ISLAND	02883		
3. Under the terms of these Articles of Organization and any written operating agreement made or intended to be made, the limited liability company is intended to be treated for purposes of federal income taxation as (CHECK ONE BOX):				
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 of organization:				
Street Address				
NOT YET DETERMINED				
City/Town	State	Zip Code		
5. The Ilmited liability company has the purpose of engaging in any lawful business, and shall have perpetual existence until dissolved or terminated in accordance with RIGL <u>7-16</u> , unless a more limited purpose or duration is set forth in Section 6 of these Articles of Organization.				

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



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of Organization, including,		ation of the purpose(s) or	ect to have set forth in these Articles duration for which the limited liability ating agreement:	
	<u></u>	(Check this box to indicate attachment	
7. The Limited Liability Co	mpany is to be managed by	y :		
You MUST check one box	have checked this box, ski	p to Section 8. Do not fill	out the chart below.)	
	ager(s) (If the limited liabilit the name and address of e		s) at the time of the filing of these Articles	
MANAGER	ADDRESS	ADDRESS		
· · ·				
	•		•	
	••			
· · · · ·				
8. Date when these Article	s of Organization will be eff	fective: CHECK ONE BO		
<u> </u>				
Date received (Upon	filing)			
Later effective date (D	Date must be no more than	90 days from the date of	iling)	
	declare and affirm that I ha is, and that all statements c		s of Organization, including any ind correct.	
Name of Authorized Person Address				
Madison D'Arezzo 77		77 What C	7 What Cheer Rd	
City/Town		State	Zip Code	
Narragansett		RI	02882	
Signature of Authorized Perso	on		Date	
Madison D'OUTDELLERE		"JORE	07/30/19	

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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.



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 31, 2019 03:08 PM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

