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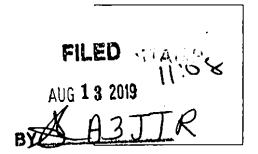
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State of Rhode Island and Providence Plantations Department of State - Business Services Division	RECEN SECRETARY CORPLET	VED CTISTATE CTISTATE	
Articles of Organization DOMESTIC Limited Liability Company → Filing Fee: \$150.00	2019 AUG 13	AH11:08:AM12	
Pursuant to the provisions of RIGL <u>7-16</u> , the following Articles of Orgatithe limited liability company to be organized hereby:	nization are adopted for		
1. The name of the limited liability company is: CEFAS INVESTMENT	LLC		
2. The name and address of the initial resident agent/office in Rhode Island is:			
Agent Name PELRO SEVERINO			
Street Address (NOT a P.O. Box)			
City/Town PROVIDENCE RI	State RHODE ISLAND	Zip Code	
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, i	f it is determined at the time	of organization:	
Street Address 16 WISDOM AV			
City/Town PROVIDENCE	State	Zip Code	
5. 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.			

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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

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6. Additional provisions, if any, not consistent with law, which the member(s) elect to have set forth in these Articles of Organization, including, but not limited to, any limitation of the purpose(s) or duration for which the limited liability company is formed, and any other provision which may be included in an operating agreement.		
	Check this box to indicate attachment	
7. The Limited Liability Company	y is to be managed by:	
You MUST check one box: Its member(s) (If you have a	checked this box, skip to Section 8. Do not fill out the chart below.)	
	;) (If the limited liability company has manager(s) at the time of the filing of these Article	
of Organization, state the na	ame and address of each manager below.)	
MANAGER	ADDRESS	
8. Date when these Articles of O	rganization will be effective: CHECK ONE BOX ONLY	
Date received (Upon filing)	- ·	
Later effective date (Date m	nust be no more than 90 days from the date of filing)	
	re and affirm that I have examined these Articles of Organization, including any I that all statements contained herein are true and correct.	
Name of Authorized Person	Address	
PEDROSEVE	RIND 16 WISdom AV	
City/Town	State Zip Code	
PROVIDENCE	= R.I 02908	
Signature of Authorized Person	Date	
Vide Se	SHON DOOLMENT HERE 8-13-19	

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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:

August 13, 2019 11:08 AM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

