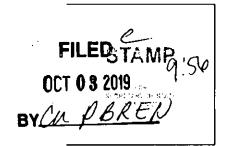
State of Rhode Island and Providence Plantations Department of State - Business Services Division	2019	R.I.				
Articles of Organization DOMESTIC Limited Liability Company		STAMP	BUS SVC			
→ Filing Fee: \$150.00		A Dis Manager and Dise And Oracle				
ې. اursuant to the provisions of RIGL <u>7-16,</u> the following Articles of Organization are adopted for ne limited liability company to be organized hereby:						
1. The name of the limited liability company is:			1			
42 Starr Street, LLC						
2. The name and address of the initial resident agent/office in Rhode Island is:						
Agent Name Frank J. Manni, Esq.			1			
Street Address (<u>NOT</u> a P.O. Box) 1405 Plainfield Street			1			
City/Town Johnston	State RHODE ISLAND	Zip Code 02919	1			
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			1			
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 118 Simmonsville Avenue						
City/Town Johnston	State RI	Zip Code 02919	1			
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.		ave perpetual existence	1			

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



6. Additional provisions, if any, not inconsistent 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	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 Addre		Idress				
Maria C. Paliotta 118		18 Simmonsville Avenue				
City/Town		State	Zip Code			
Johnston		RI	02919			
Signature of Authonized Person			Date			
* Main C. film Doarment HERE			× 10/2/19			

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:

October 03, 2019 09:56 AM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

