RI SOS Filing Number: 201929632190 Date: 12/9/2019 2:39:00 PM

State of Rhode Island and Providence Plantations  Department of State - Business Services Divisi	on	2019	000		
Articles of Organization DOMESTIC Limited Liability Company		DEC -9	RETARY RETARY		
→ Filing Fee: \$150.00		P	LICKS LONG LONG LONG LONG LONG LONG LONG LONG		
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: R 4 P COPSTPUCT10 U チェルリESTMENT					
LLC					
2. The name and address of the initial resident agent/office in Rhode Island is:					
Agent Name					
YAJAIRA PICHORDO DE LA CRUZ					
Street Address (NOT a P.O. Box)					
111 LABAN ST					
City/Town	State	Zip Code	_		
PROVIDENCE	RHODE ISLAND	0290	9		
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 /// LABAN ST					
City/Town	State	Zip Code			
DROUIDENCE	RI	0290	9		
5. The limited liability company has the purpose of engaging in any limited 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 more limited purpose or du	ave perpetual ex ration is set fort	kistence th in		

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 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:	<u> </u>				
I —/	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.)					
l						
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					
		·····				
<del>/ </del>		J. , / 1000 - 2.				
		, .				
	, ,					
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) 01/02/2020						
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 Address						
YDJDIED PICHONDO 111 LABON ST						
City/Town		State	Zıp Code			
0			cm 62			
Thou, DENCE		112	0 E 1 0 7			
Signature of Authorized Person	1		Date			
Majaira Pichardo 00 ament 1000 1			12/09/2019			

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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:

December 09, 2019 02:39 PM

Nellie M. Gorbea Secretary of State

Tullin U. Korler

