RI SOS Filing Number: 201929819870 Date: 12/12/2019 12:19:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Articles of Organization

DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

R.I. DEPT. OF STATE
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R.I. DEC 12 PM 12: 19

Pursuant to the provisions of RIGL <u>7-16</u> , the following Articles of Organithe limited liability company to be organized hereby:	nization are adopted for				
1. The name of the limited liability company is:					
GDXLLC(GDX LLC					
2. The name and address of the initial resident agent/office in Rhode Island is:					
Agent Name Gary J. Denis					
Street Address (NOT a P.O. Box) 2 Polo Club Road					
City/Town Narragansett	State RHODE ISLAND	Zip Code 02882			
 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 2 Polo Club Road					
City/Town Narragansett	State RI	Zip Code 02882			
5. The limited 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 FILED

DEC 1 2 2019

BY <u>VAVSN</u>

FORM 400 - Revised: 07/2019

Additional provisions, if any, no of Organization, including, but no company is formed, and any other	t limited to, any limitat	ion of the purpos	e(s) or duration for	which the limited liability	
To engage in training, testing a OSHA and safety related training	-	natural gas inde	ustry and any rela	ted entities. To provide	
			Check this be	ox to indicate attachment	
7. The Limited Liability Company	is to be managed by:				
You MUST check one box: Its member(s) (If you have c	hecked this box, skip	to Section 8. Do	not fill out the char	t below.)	
One (1) or more manager(s) of Organization, state the nar	•	• •		e of the filing of these Articles	
MANAGER	ADDRESS				
Gary J. Denis	2 Polo Club Road, Narragansett, Ri 02882				
8. Date when these Articles of On	ganization will be effe	ctive: CHECK ON	NE BOX ONLY		
Date received (Upon filing)					
✓ Later effective date (Date mu	ust be no more than 9	0 days from the d		2-2020	
Under penalty of perjury, I declare accompanying attachments, and				zation, including any	
Name of Authorized Person Addre		Address	lress		
Gary J. Denis 2 Po		2 Polo Club Ro	olo Club Road		
City/Town		State		Zip Code	
Narragansett		RI		02882	
Signature of Authorized Person			Date		
SIGN NOCUMENT, HERE			12-9-19		
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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 12, 2019 12:19 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

