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State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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R.I. DEPT. OF STATE

## Articles of Organization

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:			
Sagamore Designs, LLC			
2. The name and address of the initial resident agent/office in Rhode	Island is:		
Agent Name Andrew & Bendigs			
Street Address (NOT a P.O. Box)			
116 Sagamore Road			
City/Town	State	Zip Code	
Cronsten	RHODE ISLAND	07170	
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	e of organization:	
Street Address 116 SAGAMONE LOAD			
City/Town	State	Zip Code	
CILAN STAN	RI	02920	
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.			

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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	FEB 2 1 2020 BY CZ LIAG

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:				
		Checl	k this box to indicate attachment	
7. The Limited Liability Company	is to be managed by:			
You <b>MUST</b> check one box: Its member(s) (If you have c	hecked this box, skip	to Section 8. Do not fill out th	ne 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		· · · · · · · · · · · · · · · · · · ·	
Andrew A. Bendigo	116 SAGAM	are Road, CALANSTO	n KI 02920	
8. Date when these Articles of Or	ganization will be effe	ctive: CHECK ONE BOX ON	LY	
Date received (Upon filing)				
Later effective date (Date must be no more than 30 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		Address		
Andrew R Bendigo	116 SAGAMORE Road			
City/Town		State	Zip Code	
CRHINSTEN		RJ	02920	
Signature of Authorized Person		al - Tit	Date	
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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:

February 21, 2020 02:50 PM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

