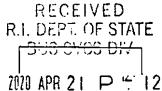
RI SOS Filing Number: 202038121120 Date: 4/21/2020 12:12:00 PM





Articles of Organization

DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

STAMP

THE PRINCESSON OF THE STATE OF

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:						
The name of the limited liability company is:						
Reverie 73 RI LLC						
2. The name and address of the initial resident agent/office in Rhode Island is:						
Agent Name National Registered Agents, Inc.						
Street Address (<u>NOT</u> a P.O. Box) 450 Veteran Memorial Parkway Suite 7A -						
City/Town East Providence	State RHODE ISLAND	Zip Code 02914				
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 1700 Shawsheen Street						
City/Town Tewksbury	State MA	Zip Code 01876				
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

APR 2 1 2020

H. A. 12:12pm

	<u> </u>	<u> </u>	<u>*</u>			
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 πot 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					
Jeffrey R. Black	1700 Shawsheen Street, Tewksbury, MA 01876					
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 Address			ess			
Jeffrey Musman, Esq 2 Seaport Lane, Suite 300						
City/Town			State	Zip Code		
Boston MA 02210			MA	02210		
Signature of Authorized Person			Date			
Digitally signed by: Jeffrey Musman DN: CN = Jeffrey Musman email = Imusman@sideMhD@CL; John BelylanRabaw t			LP	4/16/2020		
Date: 2020.04.20 13:23:09 -05'00'						

RI SOS Filing Number: 202038121120 Date: 4/21/2020 12:12:00 PM



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:

April 21, 2020 12:12 PM

Nellie M. Gorbea
Secretary of State

Tullin U. Korler

