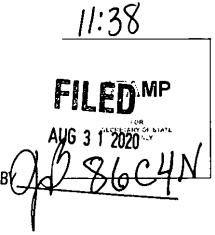
State of Rhode Island and Providence Plantations Department of State - Business Services Division	R. J. DEPT			
Articles of Organization		STARE		
DOMESTIC Limited Liability Company				
→ Filing Fee: \$150.00		SETTIARY USE OF		
ursuant to the provisions of RIGL <u>7-16</u> , the following Articles of Organization are adopted for e limited liability company to be organized hereby:				
1. The name of the limited liability company is:				
Heliotrope RI, LLC				
2. The name and address of the initial resident agent/office in Rhode Island is.				
Agent Name Joshua R. Holland				
Street Address (NOT a P.O. Box) 3913 Main Road, Unit E				
City/Town Tiverton	State RHODE ISLAND	Zip Code 02878		
<ol><li>Under the terms of these Articles of Organization and any written of the limited liability company is intended to be treated for purposes of</li></ol>				
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 88 Barnswallow Drive				
City/Town Tiverton	State Rhode Island	Zip Code 02878		
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.				

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:				
The Limited Liability Company may be governed by an Operating Agreement.				
7. The Limited Liability Company	is to be managed by:	Che	eck 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			
	<u>}</u>			
· · · · · · · · · · · · · · · · · · ·				
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				
		3913 Main Road, Unit E		
City/Town		State	Zip Code	
Tiverton		Rhode Island	02878	
Signature of Authorized Person	AN DORTHER	l	Date 8/27/2020	

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 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,

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:

August 31, 2020 11:38 PM

Tulli U. Hole

Nellie M. Gorbea Secretary of State

