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State of Rhode Island and Providence Plantations

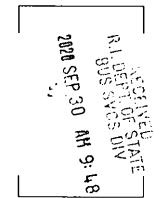
Department of State - Business Services Division

Articles of Organization

DOMESTIC Limited Liability Company

→ Filing Fee: \$150,00

Pursuant to the provisions of RIGL 7-16, 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:				
Lumiere Ventures, LLC				
2. The name and address of the initial resident agent/office in Rhode Island is:				
Agent Name Lynette Herr				
Street Address (NOT a P.O. Box) 330 Freeman Parkway				
City/Town Providence	State RHODE ISLAND	Zip Code 02906		
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 330 Freeman Parkway				
City/Town Providence	State RI	Zip Code 02906		
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 FILED 0CT 1 5 2020

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6. Additional provisions, if a	any, not inconsistent with la	aw, which the member	(s) elect to have set forth in these Articles	
of Organization, including, company is formed, and ar	but not limited to, any limit	ation of the purpose(s	or duration for which the limited liability	
	ry other provision which the	ay be included in an o	perating agreement	
			Check this box to indicate attachment	
7. The Limited Liability Con	npany is to be managed by	<i>y</i> :		
You MUST check one box:	hovo shashad this have ski	- An Continuo O Brown	Ell. All I Al I	
	have checked this box, ski		,	
of Organization, state	ager(s) (if the limited liabilit the name and address of e	y company has managach manager below.)	ger(s) at the time of the filing of these Article	
MANAGER	ADDRESS	ADDRESS		
Lynette Herr	330 Freeman Park	330 Freeman Parkway, Providence, RI 02906		
-				
				
		_		
8. Date when these Articles	s of Organization will be eff	ective: CHECK ONE	BOX ONLY	
✓ Date received (Upon f	iling)	· ·		
Later offective date (D	ate must be no more than	00 days from the date	of fillion)	
<u> </u>				
accompanying attachments			ticles of Organization, including any use and correct.	
Name of Authorized Person Addre		Address	ddress	
Lynette Herr		330 Freeman Park	way	
City/Town		State	Zip Code	
Providence		RI	02906	
Signature of Authorized Perso	in , /	<u></u>	Date	
Lun x	SIGN DOCUMENT HE	RE	9 Sept 2020	
	NIMMA		1 / 5 / 5 -	

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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:

October 15, 2020 03:17 PM

Nellie M. Gorbea Secretary of State

Tulli U. Horler

