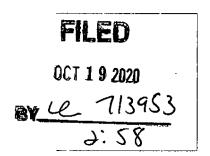
RECEIVED

State of Rhode Island		RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV
() Department of State - Business Services Divis	ion	2020 OCT 19 P 2:58
Articles of Organization DOMESTIC Limited Liability Company → Filing Fee: \$150.00		
Pursuant to the provisions of RIGL 7-16, the following Articles of Org the limited liability company to be organized hereby:	anization are adopted for	
1 The name of the limited liability company is:	· · · · · · · · · · · · · · · · · · ·	
Broad Cumberland LLC	,	
2 The name and address of the initial resident agent/office in Rhod	e Island is:	
Agent Name Registered Agents Inc .	,	
Street Address (NOT a P.O. Box) 47 Wood Ave, Site 2		
City/Town Burrington	State RHODE ISLAND	Zip Code 07-806
3. Under the terms of these Articles of Organization and any written the limited liability company is intended to be treated for purposes of	operating agreement made	or intended to be made, (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 13 Fulkerson Street #3.	· · ·	
City/Town Cambridge	State MA	Zip Code 02141
 The limited liability company has the purpose of engaging in any until dissolved or terminated in accordance with RIGL <u>7-16</u>, unless a Section 6 of these Articles of Organization. 	awful business, and shall ha more limited purpose or du	ave perpetual existence ration is set forth in

MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.ri.gov



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:						
Check this box to indicate attachment						
7. The Limited Liability Compar	iy is to be managed by:					
You M#ST 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	ADDRESS				
			•	•	•	
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		Addre	255		1}	
Robert Sikova 13		Fulkerson	Street	# <u></u>		
City/Town			State		Zip Code	
Cambridge		MA		02141		
Signature of Authorized Person	ekorn				Date 10/16/20	

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.

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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:

October 19, 2020 02:58 PM

Tulli U. Hole

Nellie M. Gorbea Secretary of State

