



State of Rhode Island
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: 387 Angell Street, LLC | | |
| 2. The name and address of the initial resident agent/office in Rhode Island is: Agent Name: Ronald C. Markoff, Esquire Street Address (NOT a P.O. Box): 144 Medway Street 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). <input type="checkbox"/> partnership or <input type="checkbox"/> a corporation or <input checked="" type="checkbox"/> 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: 820 Hale Street City/Town: Beverly State: MA Zip Code: 01915 | | |
| 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 7-16, unless a more limited purpose or duration is set forth in Section 6 of these Articles of Organization. | | |

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2020 DEC -4 PM 12:

2020 DEC -4 PM 12: 18

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

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

FORM 400 - Revised 08/2020

FILED

DEC 04 2020

BY J BGRP
A.A. 12:18pm.

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 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.)

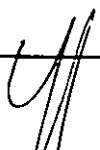
| MANAGER | ADDRESS |
|-------------------|------------------------------------|
| Nicola Savignano | 820 Hale Street, Beverly, MA 01915 |
| Whitney Savignano | 820 Hale Street, Beverly, MA 01915 |
| | |
| | |

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 | |
| Ronald C. Markoff, Esquire | 144 Medway Street | |
| City/Town | State | Zip Code |
| Providence | RI | 02906 |
| Signature of Authorized Person  | | Date |
| | | 12-2-2020 |

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.

FORM 400 - Revised, 08/2020