



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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BUS SVCS DIV
2020 DEC 18 AM 9:24

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:

Masthead Family, LLC

2. The name and address of the initial resident agent/office in Rhode Island is:

Agent Name **Peter Levine**

Street Address (NOT a P.O. Box) **59 Manning 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):

- ☒ 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 **59 Manning Street**

City/Town **Providence**

State **Rhode Island**

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 7-16, unless a more limited purpose or duration is set forth in Section 6 of these Articles of Organization.

9:24

FILED

DEC 18 2020

BY *[Signature]* 759CW

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 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 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.)

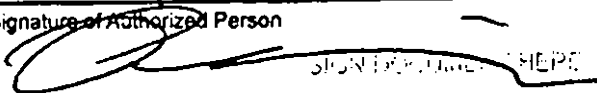
MANAGER	ADDRESS
Peter Levine	59 Manning Street, Providence, Rhode Island 02906
Daniel Levine	1515 Antiqua Way, Newport Beach, CA 92660

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	
Peter Levine		59 Manning Street	
City/Town	State	Zip Code	
Providence	Rhode Island	02906	
Signature of Authorized Person		Date	
		12/15/2020	

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: 07/2019



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:

December 18, 2020 09:24 AM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea
Secretary of State

