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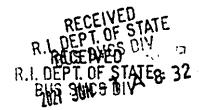
State of Rhode Island

## **Department of State - Business Services Division**

## **Articles of Organization**

**DOMESTIC Limited Liability Company** 

→ Filing Fee: \$150.00



2021 JUN -7 A 8 32

Pursuant to the provisions of RIGL <u>7-16</u> , the following Articles of Orga the limited liability company to be organized hereby:	nization are adopted for					
The name of the limited liability company is:						
TAC Holdings, LLC		:				
2. The name and address of the initial resident agent/office in Rhode	Island is:					
Agent Name David M. D'Agostino						
Street Address ( <u>NOT</u> a P.O. Box) 25 Danielson Pike						
City/Town North Scituate	State RHODE ISLAND	Zip Code , 02857				
3. Under the terms of these Articles of Organization and any written of the limited liability company is intended to be treated for purposes of						
partnership or						
a corporation <b>or</b>						
disregarded as an entity separate from its member(s)						
4. The address of the principal office of the limited liability company, i	f it is determined at the time	e of organization:				
Street Address 165 Dyerville Avenue						
City/Town Johnston	State RI	Zip Code 02919				
5. The limited liability company has the purpose of engaging in any launtil dissolved or terminated in accordance with RIGL 7-16, 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 FILED 5

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:					
N/A					
·			Check this b	ox 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	···				
	ADDICESO				
	<del></del>				
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		ess			
Thomas A. Chadwick		Dyerville Avenue			
City/Town	- <u> </u>		State	Zıp Code	
Johnston			RI	02919	
Signature of Authorized Person Dat		Date			
Mul			June 1, 2021		

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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:

June 07, 2021 08:32 AM

Nellie M. Gorbea Secretary of State

Tullin U. Horler

