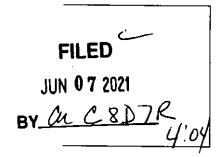
| State of Rhode Island<br>Department of State - Business Services Division  |  | RECEIVED<br>EPT. OF STATE<br>S SVCS DIV            |  |  |
|--|--|--|--|--|
| Articles of Organization<br>DOMESTIC Limited Liability Company<br>→ Filing Fee: \$150.00   |  | UN - 7 P 4 04                                      |  |  |
| Pursuant to the provisions of RIGL <u>7-16</u> , 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:   | nitaa Pe   | 10 LLC.  |  |  |
| 2. The name and address of the initial resident agent/office in Rhode Island is:   |  |  |  |  |
| Agent Name   |  |  |  |  |
| Jaime Reynosa  |  |  |  |  |
| Street Address ( <u>NOT</u> a P.O. Box)  |  |  |  |  |
| 121 morgan ave   |  |  |  |  |
| City/Town  | State  | Zip Code   |  |  |
| Johnston   | RHODE ISLAND   | 02919  |  |  |
| 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  | perating agreement made<br>federal income taxation as    | or intended to be made,                            |  |  |
| partnership or a corporation or Misregarded 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   |  |  |  |  |
| City/Town  | State  | Zip Code   |  |  |
| 5. The limited liability company has the purpose of engaging in any la until dissolved or terminated in accordance with RIGL <u>7-16</u> , unless a Section 6 of these Articles of Organization. | wful business, and shall h<br>more limited purpose or de | ave perpetual existence<br>uration 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:                                  |                                 |  |  |  |
|  |                                 |  |  |  |
|  |                                 |  |  |  |
|  |                                 |  |  |  |
|  |                                 |  |  |  |
|  |                                 |  |  |  |
| 7. The Limited Liphility Company   | in to be menered by:            | Check this b                           | ox to indicate attachment              |  |
| 7. The Limited Liability Company   | is to be managed by:            |  |  |  |
| You MUST check one box:<br>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 com | pany has manager(s) at the tim         | e of the filing of these Articles      |  |
| of Organization, state the name and address of each manager below.)  |                                 |  |  |  |
| MANAGER  | ADDRESS                         | ······································ | i                                      |  |
|  |                                 |  |  |  |
|  |                                 |  | ······································ |  |
|  |                                 |  |  |  |
|  |                                 |  |  |  |
|  |                                 |  |  |  |
|  |                                 |  |  |  |
| 8. Date when these Articles of Or  | anization will be effective     |  |  |  |
| 8. Date when these Articles of Organization will be effective: CHECK ONE BOX ONLY  |                                 |  |  |  |
| L≾ 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  | Add                             | ress                                   |  |  |
|  |                                 |  |  |  |
| Jaime Reyna<br>City/Town   | 5012                            | Istate                                 | C<br>Zip Code                          |  |
|  |                                 |  |  |  |
| Johnston   |                                 | BI                                     | 02919                                  |  |
| Signature of Authorized Person   |                                 |  | Date                                   |  |
| (Jan , Rochig)   |                                 |  |  |  |
|  | YVVIII                          |  | 6-7-21                                 |  |

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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.rí.gov. 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:

June 07, 2021 04:04 PM

Tulli U. Hole

Nellie M. Gorbea Secretary of State

