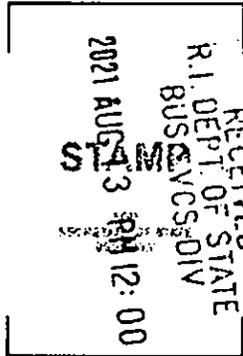




State of Rhode Island

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:
HedMed LLC

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

Agent Name JOSHUA S. SLEPKOW, ESQ.

Street Address (NQT a P.O. Box) 1481 WAMPANOAG TRAIL

City/Town EAST PROVIDENCE State RHODE ISLAND Zip Code 02818

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 100 HIGHLAND STREET, SUITE 303

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.

MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2815 Phone: (401) 222-3040 Website: www.sos.ri.gov

STAMP

FILED

AUG 13 2021

KL WSEICZ

12:00

FOR SECRETARY OF STATE USE ONLY

FORM 400 - Revised: 08/2020

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:

NONE

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.)

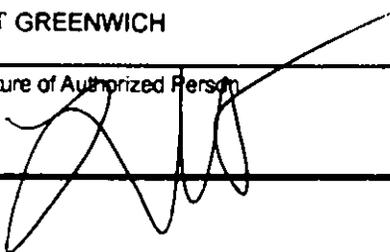
MANAGER	ADDRESS

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 LAUREN HEDDE, D.O.		Address 1214 Middle Rd	
City/Town EAST GREENWICH		State RHODE ISLAND	Zip Code 02818
Signature of Authorized Person 			Date AUGUST 8, 2021

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.



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:

August 13, 2021 12:00 PM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

