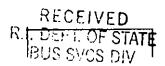
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Articles of Organization

DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

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:				
918 Realty LLC				
2. The name and address of the initial resident agent/office in Rhode	Island is:			
Agent Name Joseph LoBianco				
Street Address (<u>NOT</u> a P.O. Box) 915 Smith Street				
City/Town Providence	State RHODE ISLAND	Zip Code 02908		
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 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	e of organization:		
Street Address 10 Arrowhead Lane				
City/Town Milton	State MA	Zip Code 02186		
5. The limited liability company has the purpose of engaging in any launtil dissolved or terminated in accordance with RIGL <u>7-16</u> , 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

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6. Additional provisions, if ar of Organization, including, b company is formed, and any	ut not limited to, any limita	tion of the purpose(s) or	ect to have set forth in these Articles duration for which the limited liability ating agreement;	
			Check this box to indicate attachment	
7. The Limited Liability Com	pany is to be managed by			
You MUST check one box:	ave checked this box, skip	to Section 9. Do not fill	out the chart helew)	
One (1) or more manag		company has manager	(s) at the time of the filing of these Article	
MANAGER	ADDRESS	ADDRESS		
George Mussalli	10 Arrowhead Lane,	10 Arrowhead Lane, Milton MA 02816		
8. Date when these Articles	of Organization will be effe	ective: CHECK ONE BO	X ONLY	
✓ Date received (Upon fili	ing)	•		
Later effective date (Da	te must be no more than 9	00 days from the date of	filing)	
Under penalty of perjury, I de accompanying attachments,	eclare and affirm that I hav and that all statements co	re examined these Article Intained herein are true	es of Organization, including any and correct.	
Name of Authorized Person		Address		
George Mussalli 10 Arrrowhead Lane				
City/Town		State	Zip Code	
Milton	Ailton		02816	
Signature of Authorized Person Muliperson			Date 9/23 21	

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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:

September 27, 2021 02:49 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

