



State of Rhode Island
Department of State - Business Services Division

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STAMP

2021 OCT 12 AM 9:38

Certificate of Correction

Limited Liability Company

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-16-13 the undersigned limited liability company hereby submits the following Certificate of Correction:

1. Entity ID Number: 001730179	2. The name of the limited liability company is: Prime Residential Management LLC
3. The document to be corrected is: Prime Residential ^{Articles of organization} Management LLC	
4. The name of the individual(s) who signed the document being corrected is: Ryan R Ramas	
5. The date the document being corrected was originally filed on: 10/4/21	
6. The typographical error, error of transcription or other technical error, or the defect in the execution of the document is: I filed in error, I chose the wrong Article "L3C". I would like to make the correction to "LLC".	
7. The new corrected portion of the document states as follows: Prime Residential Management LLC Articles of organization	
8. As required by RIGL <u>7-16-67</u> , the entity has paid all fees and taxes.	

Check the box to indicate an attachment

Check the box to indicate an attachment

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 STAMP

OCT 12 2021

BY **99070**

FORM 403 - Revised: 07/2021

AA. 9:38 A.M.

Under penalty of perjury, I declare and affirm that I have examined this Certificate of Correction, including any accompanying attachments, and that all statements contained herein are true and correct.

Name of Authorized Person Ryan P. Ramos	Street Address 33 Dickinson Avenue	
City/Town North Providence	State Rhode Island	Zip Code 02904
Signature of Authorized Person 		Date 10/8/2021

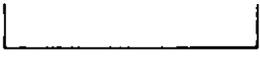


Articles of Organization

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:		
Prime Residential Management LLC		
2. The name and address of the initial resident agent/office in Rhode Island is:		
Agent Name Ryan R. Ramos		
Street Address (NOT a P.O. Box) 33 Dickinson Avenue		
City/Town North Providence	State RHODE ISLAND	Zip Code 02904
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):		
<input type="checkbox"/> partnership or <input type="checkbox"/> a corporation or <input checked="" type="checkbox"/> 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 32 Camden Avenue Apartment 1		
City/Town Providence,	State Rhode Island	Zip Code 02908
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.		

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OCT 12 2021

BY _____

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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:

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 Ryan R Ramos		Address 33 Dickinson Avenue	
City/Town North Providence	State Rhode Island	Zip Code 02904	
Signature of Authorized Person 		Date 10/08/21	



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:

October 12, 2021 09:38 AM

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

Nellie M. Gorbea
Secretary of State

