



State of Rhode Island

Department of State - Business Services Division

Certificate of Correction

Limited Liability Company

→ Filing Fee: \$50.00

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

STAMP

2021 OCT 12 AM 9:38

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 Management LLC Articles of organization | |
| 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 7-16-67, 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

990000

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 R. Ramos

Street Address

33 Dickinson Avenue

City/Town

North Providence

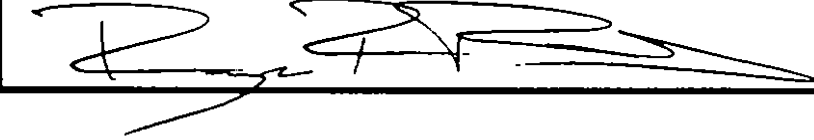
State

Rhode Island

Zip Code

02904

Signature of Authorized Person



Date

10/8/2021



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:

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):

☐ 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

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.

FILED

OCT 12 2021

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

BY _____

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.)

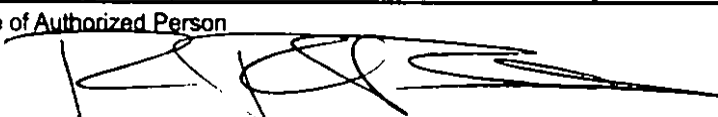
| MANAGER | ADDRESS |
|---------|---------|
| | |
| | |
| | |
| | |

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