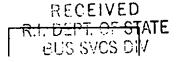
RI SOS Filing Number: 202105264080 Date: 11/22/2021 12:00:00 PM





2021 NOV 22 P 3: 08

RENM 2 FORM 400 - Revised: 08/2020

Articles of Organization

DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

The name of the limited liability company is:	· · · · · · · · · · · · · · · · · · ·	-
Smokin Dispensaries, LLC		
2. The name and address of the initial resident agent/office in	n Rhode Island is:	
Agent Name Rick Granoff		
Street Address (<u>NOT</u> a P.O. Box) 2 Charles Street		
City/Town Providence	State RHODE ISLAN	Zip Code 02904
 Under the terms of these Articles of Organization and any he limited liability company is intended to be treated for purp 	written operating agreement moses of federal income taxation	ade or intended to be made n as (CHECK ONE BOX):
partnership or a corporation or		
disregarded as an entity separate from its member	er(s)	
. The address of the principal office of the limited liability co	mpany, if it is determined at the	time of organization:
Street Address 2 Charles Street		
City/Town Providence	State RI	Zip Code 02904
 The limited liability company has the purpose of engaging until dissolved or terminated in accordance with RIGL <u>7-16</u>, the Section 6 of these Articles of Organization. 	in any lawful business, and sha unless a more limited purpose o	all have perpetual existence or duration is set forth in
	គ្នា គក	
AIL TO: vision of Business Services		
18 W. River Street, Providence, Rhode Island 02904-2615 hone: (401) 222-3040	NOV 2 2 2021	
ebsite: www.sos.ri.gov	=: A 12-50	

		_			
6. Additional provisions, if any, n of Organization, including, but n company is formed, and any oth	ot limited to, any limital	tion of the purpose(s)) or duration for	which the limited liability	
The purpose of the company is to customized floor plans and layou retailer dispensary, and to sell, a may deem desirable or expedien	it, and to manufacture nd to engage in any bu	custom millwork and usiness permitted un	display cases a der the Act whic	and facilities for the cannabis the the members by consent	
			Check this be	ox 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 char	t below.)	
One (1) or more manager(s of Organization, state the na			ger(s) at the time	e of the filing of these Articles	
MANAGER	ADDRESS				
Rick Granoff	2 Charles Street, Providence, Rt 02904				
8. Date when these Articles of O	rganization will be effe	ctive: CHECK ONE	BOX ONLY		
✓ Date received (Upon filing)					
Later effective date (Date m					
Under penalty of perjury, I declar accompanying attachments, and				zation, including any	
		Address	· · · · · · · · · · · · · · · · · · ·		
Rick Granoff 2 C		2 Charles Street	Charles Street		
City/Town		State		Zip Code	
Providence		RI		02904	
Signature of Authorized Person		1		Date	
TUD	/W/			11.19.21	

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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:

November 22, 2021 12:00 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

