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State of Rhode Island

Department of State - Business Services Division

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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 Organized liability company to be organized hereby:	anization are adopted for			
1. The name of the limited liability company is:				
Brightstar Behavioral LL	<u> </u>			
2. The name and address of the initial resident agent/office in Rhode Island is:				
Rebecca ANTWI				
Street Address (NOT a P.O. Box) 110 Armistic BlvD Unit 3				
Pawtu (Ket	State RHODE ISLAND	Zip Code 02860		
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 110 AVMISTICE BIVD				
City/Town Pawtucket	State Rhode Island	Zip Code		
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 <u>7-16</u> , 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, Phodo Island (

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

Phone: (401) 222-3040 Website: www.sos.ri.gov

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Additional provisions, if any, of Organization, including, but company is formed, and any o	not limited to, any limitation	of the purpose(s) or dura	have set forth in these Articles ation for which the limited liability	
company is formed, and any o	ther provision which may be	included in an operating	agreement:	
NIA				
	_	Chec	k this box to indicate attachment	
7. The Limited Liability Compa	ny is to be managed by:			
You MUST check one box Its member(s) (If you have	e checked this box, skip to §	Section 8. Do not fill out t	he chart below.)	
One (1) or more manager		npany has manager(s) at	the time of the filing of these Articles	
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 da	ays from the date of filing)	
Under penalty of perjury, I deci accompanying attachments, ai	lare and affirm that I have ex nd that all statements contai	camined these Articles of ned herein are true and c	Organization, including any correct.	
Name of Authorized Person	Add	dress	.	
Margaret M	clomiskey	585 Armi	stice BIVD	
City/Town V		State	Zıp Code	
Puwtucket		RI	02861	
Signature of Authorized Person			Date	
			11/22/21	

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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 01:00 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

