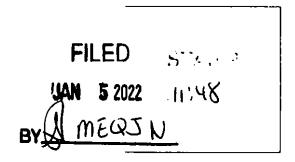
State of Rhode Island Department of State - Business Services Division				
Liver ,	21 - 73			
Articles of Organization DOMESTIC Limited Liability Company	R.1. DEPT.O R.1. DEPT.O 2022 JAN -5			
→ Filing Fee: \$150.00	5 YOFY			
Pursuant to the provisions of RIGL <u>7-16</u> , the following Articles of Organization are adopte the limited liability company to be organized hereby:	An II: 4			
1. The name of the limited liability company is:				
Abelli Consulting LLC Abelli	Consulting LLC			
2. The name and address of the initial resident agent/office in Rhode Island is:				
Agent Name Heise Aberli Heide Abelli				
Street Address (NOT a P.O. Box) 53 Adams Point Rd. 53 Adams Point Rd.				
City/Town State RHODE ISL				
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 53 Adams Point Nd.				
City/Town State Barrington R-I	Zip Code 02804			
5. The limited liability company has the purpose of engaging in any lawful business, and until dissolved or terminated in accordance with RIGL <u>7-16</u> , unless a more limited purpor Section 6 of these Articles of Organization.	shall have perpetual existence se or duration is set forth in			

MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.ri.gov



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	s box to indicate attachment 🔲	
7. The Limited Liability Compa	ny is to be managed by:			
You MUST check one box:	e checked this box, skip	to Section 8. Do not fill out the ch	art below.)	
One (1) or more manager of Organization, state the	(s) (If the limited liability name and address of ea	company has manager(s) at the t ch manager below.)	ime of the filing of these Articles	
MANAGER	ADDRESS			
8. Date when these Articles of	Organization will be effe	ctive: CHECK ONE BOX ONLY		
Date received (Upon filing)				
Later effective date (Date must be no more than 90 days from the date of filing)				
		e examined these Articles of Orga ntained herein are true and correc		
Name of Authorized Person HCILE Abo	, UĽ	Address S3 kdans	Point Rd.	
City/Town Darringto	۔۔۔۔۔۔ ۱	State L .I	Zip Code O2LOL	
Signature of Authorized Person	- M	~	Date 1-1-2022	

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

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:

January 05, 2021 11:48 AM

Tulli U. Sola

Nellie M. Gorbea Secretary of State

