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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 TriAction Toys LLC		
2. The name and address of the initial resident agent/office in Rhode Island is:		
Agent Name Miriam Ross & Associates, LLC.		
Street Address (NOT a P.O. Box) 10 Elmgrove Avenue		
City/Town Providence	State RHODE ISLAND	Zip Code 02906
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 checked="" type="checkbox"/> partnership or <input type="checkbox"/> a corporation or <input 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 82 Old Post Road		
City/Town Westerly	State Rhode Island	Zip Code 02891
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.		

MAIL TO:

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

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Revised: 08/2020

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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:

See attached Schedule 1.

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

Chris Cefoni

Address

82 Old Post Road

City/Town

Westerly

State

Rhode Island

Zip Code

02891

Signature of Authorized Person



Date

December 31, 2021

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.

FD-200 (01/01) - Revised 08/10/16

Schedule I
to the
Articles of Organization
TriAction Toys, LLC, a Rhode Island limited liability company

To the greatest extent permitted under Rhode Island law, no manager (and no member acting as a manager of the Company) shall have personal liability to the Company or to its members for monetary damages for breach of any duty, including without limitation those provided for in RIGL §7-16-17.

Except as otherwise permitted by applicable law, no limitation established under Section 4-1 limits or eliminates the liability of a manager for any action or inaction provided for in RIGL §7-16-18(b).

To the greatest extent permitted under Rhode Island law, the Company shall indemnify and hold harmless the Member personally, whether the Member is acting as a member, manager, employee or agent of the Company, for any and all claims relating to the actions or inactions described in Section 4.1.



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 27, 2022 01:38 PM

A handwritten signature in blue ink, reading "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea
Secretary of State

