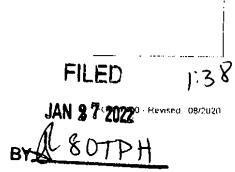
	RECEN R.I. DEPT. O BUS SVC:	F STATE	
State of Rhode Island	2022 JAN 27	P <u>1:31</u>	
Department of State - Business Services [	Division	: : دمو	
Articles of Organization		TOLL JAN 10	tu C
Articles of Organization DOMESTIC Limited Liability Company		Alt	*,
$\rightarrow$ Filing Fee: \$150.00			- 0
Pursuant to the provisions of RIGL 7.16, the following Articles of the limited liability company to be organized hereby. 1. The name of the limited liability company is:			بې ک
TriAction Toys LLC			<u> </u>
2. The name and address of the initial resident agenVoffice in I	Rhode Island is:		
Agent Name Miriam Ross & Associates, LLC.			
Street Address ( <u>NQT a P.O. Box)</u> 10 Elmgrove Avenue		···-	
City/Town Providence	State RHODE ISLAND	Zip Code 02906	
<ol><li>Under the torms of these Articles of Organization and any withe limited liability company is intended to be treated for purport.</li></ol>	ritten operating agreement made	or intended to be made,	
X   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 comp	pany, if it is determined at the tim	e of organization:	
Street Address 82 Old Post Road			
City/Town Westerly	State Rhode Island	Zip Code 02891	

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

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_		ch may be included in an operating	5		
See attached Sche	dule 1.				
		Chec	k this box to indicate attachment		
The Limited Liability C	ompany is to be manage				
You MUST check one bo		······································			
<u>_</u> `		, skip to Section 8. Do not fill out t			
One (1) or more ma of Organization, stat	nager(s) (If the limited li e the name and address	ability company has manager(s) at of each manager below:)	the time of the filing of these Articles		
MANAGER	ADDRESS	ADDRESS			
	· · · · · · · · · · · · · · · · · · ·	······			
Date when these Artic			·····		
		e effective: CHECK ONE BOX ON			
Date received (Upor	n filing)		i		
	(Date must be no more t	han 90 days from the date of filing)	ourrock groups and		
		I have examined these Articles of			
ccompanying attachme	nts, and that all statemer	nts contained herein are true and c	orrect.		
Name of Authorized Person Chris Cofoni		Address			
U.	ins Coloni	82 Old Post Road			
Sity/Town		State	Zip Codo		
Wester	У	Rhode Island	02891		
Signature of Authorized Per			 Date		
	"ア ヽ /		Data		

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.

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## Schedule 1 to the Articles of Organization TriAction Toys, LLC, a Rhode Island limited liability company

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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 <sup>37-16-18</sup>(b).

To the greatest extent permitted under Rhode Island law, the Company shall indemnify and hold barmless 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

Tulli U. Kole

Nellie M. Gorbea Secretary of State

