



State of Rhode Island

Department of State - Business Services Division

Articles of Organization

DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

2022 JUL 29 A 11:19

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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:

Via Properties, LLC

2. The name and address of the initial resident agent/office in Rhode Island is:

Agent Name
Bruce H. Cox

Street Address (NOT a P.O. Box)
1481 Wampanoag Trail

City/Town
East Providence

State
RHODE ISLAND

Zip Code
02915

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
210-B Clock Tower Square

City/Town
Portsmouth

State
RI

Zip Code
02871

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.

11:19

FILED

JUL 29 2022

BY *JS* 25M

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:

None

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.)

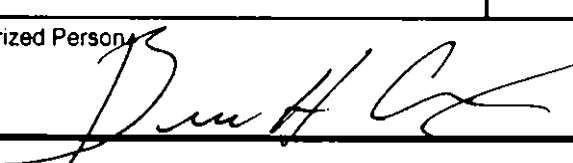
MANAGER	ADDRESS
Brandi Gifford	210-B Clock Tower Square, Portsmouth, RI 02871

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	Address		
Bruce H. Cox	1481 Wampanoag Trail		
City/Town	State	Zip Code	
East Providence	RI	02915	
Signature of Authorized Person 			Date 7/28/22