



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 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:

KPerformance Baseball, LLC

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

Agent Name Christopher M. Orton, Esq.

Street Address (NOT a P.O. Box) 1383 Warwick Avenue

City/Town Warwick

State RHODE ISLAND

Zip Code 02888

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 25 Coronado Road

City/Town Warwick

State Rhode Island

Zip Code 02886

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](http://www.sos.ri.gov)

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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

Check this box to indicate attachment ☒

7. The Limited Liability Company is to be managed by:

You **MUST** check one box:

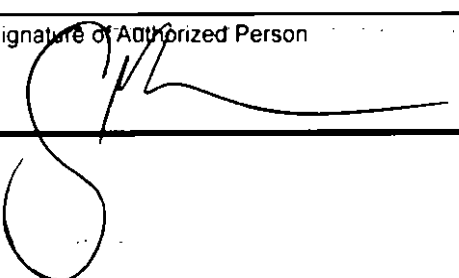
- ☒ Its member(s) (If you have checked this box, skip to Section 8. **Do not** fill out the chart below.)
- ☐ One (1) or more manager(s) (If the limited liability company has manager(s) at the time of the filing of these Articles of Organization, state the name and address of each manager below.)

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	Address		
Christopher M. Orton, Esq.	1383 Warwick Avenue		
City/Town	State	Zip Code	
Warwick	Rhode Island	02888	
Signature of Authorized Person			Date
			1/18/2023

Section 6 Attachment Sheet:

A manager of the limited liability company or a member who manages the limited liability company (hereinafter, simply referred to as "manager") shall not be personally liable to the limited liability company or its members for monetary damages for breach of any duty provided for in Section 17 of the Rhode Island Limited Liability Company Act as may hereafter be amended (the "act") except for:

1. Liability for breach of the manager's duty of loyalty to the limited liability company or its members,
2. Liability for acts or omissions not in good faith or which involve intentional misconduct or a known violation of law,
3. Liability imposed pursuant to the provisions of Section 32 of the act or
4. Liability for any transaction from which the manager derived an improper personal benefit, unless said transaction was with the informed consent of the member or a majority of the disinterested managers.



State of Rhode Island

**Department of State | Office of the Secretary of State**

**Gregg M. Amore**, *Secretary of State*

I, GREGG M. AMORE, 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 19, 2023 02:25 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Gregg M. Amore  
*Secretary of State*

