



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: CZERFAM, LLC		
2. The name and address of the initial resident agent/office in Rhode Island is:		
Agent Name Susan D. D'Amico		
Street Address (NOT a P.O. Box) 49 Governor Avenue 49 Governor Avenue		
City/Town Westerly	State RHODE ISLAND	Zip Code 02891
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 12 Ricci Road		
City/Town Westerly	State RI	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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BY **S D D'AMICO**

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:

All lawful purposes for which a limited liability company may be operated in the State of Rhode Island, including, without limitation, the leasing, rental and management of real property.

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.)

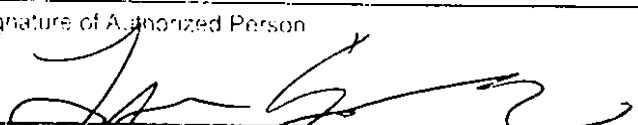
MANAGER	ADDRESS
Lynne A. Czerwinski	116 Brandy Street, Bolton, CT 06043
Steven Czerwinski	2 Trail Run, Apt 1303, Vernon, CT 06066

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	
Lynne A. Czerwinski		116 Brandy Street	
City/Town	State	Zip Code	
Bolton	CT	06043	
Signature of Authorized Person			Date
			March 1, 2023