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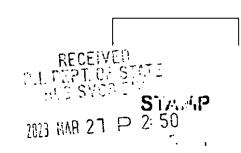
State of Rhode Island

Department of State - Business Services Division

Articles of Organization

DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00



Pursuant to the provisions of RIGL <u>7-16</u> , the following Articles of Organization are adopted for the limited liability company to be organized hereby:				
The name of the limited liability company is:				
COUNSELING CE, LLC				
2. The name and address of the initial resident agent/office in Rhode Island is:				
Agent Name VICTORIA MANION FLEMING				
Street Address (NOT a P.O. Box) 360 BROADWAY				
City/Town NEW PORT	State RHODE ISLAND	Zip Code 02840		
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 PU Box 3080				
City/Town Newport	State RI	Zip Code 0 2840		
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 <u>7-16</u> , 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 \$17.77P FILED 27.58

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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:				
		Check this b	oox to indicate attachment	
7. The Limited Liability Company	is to be managed by:			
You MUST check one box: Its member(s) (If you have compared)	hecked this box, skip to S	ection 8. Do not fill out the char	rt 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	i i	ress		
VICTORIA MANION FLEMING 360 BROADWAY				
City/Town	•	State	Zip Code	
Newport		RI	02840	
Signature of Authorized Person			Date	
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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:

March 27, 2023 02:53 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

