

Articles of Organization

DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

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Pursuant to the provisions of RIGL <u>7-16</u> , the following Articles of Orga the limited liability company to be organized hereby:	inization are adopted for			
The name of the limited liability company is:				
1254 Rumford Holdings LLC				
2. The name and address of the initial resident agent/office in Rhode Island is:				
Agent Name ALEXANDER LERMONTON				
Street Address (NOT a P.O. Box) 40 Starline Way, Unit 1				
City/Town Cranston	State RHODE ISLAND	Zip Code 02921		
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 40 Starline Way, Unit 1 City/Town				
City/Town Cranston	State PI	Zip Code		
5. The limited liability company has the purpose of engaging in any launtil dissolved or terminated in accordance with RIGL <u>7-16</u> , unless a 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 FILED STAMP

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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	ox 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	Section 8. Do not fill out the char	t below.)	
One (1) or more manager(s)	(If the limited liability cor	mpany has manager(s) at the tim	e of the filing of these Articles	
of Organization, state the name and address of each manager below.)				
MANAGER	ADDRESS		<u> </u>	
		· · · · · · · · · · · · · · · · · · ·		
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				
Alexander Leamontor 40 Storline Way, Unit 1				
City/Town	· · · · · · · · · · · · · · · · · · ·	State	Zip Code	
Cranston		R I	02921	
Signature of Authorized Person		1	Date	
			03/27/2023	