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Articles of Organization

DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

1. The name of the limited liability company is:	· · · · · · · · · · · · · · · · · · ·	
DAYTON D. LILLY BUILDER, LLC		
2. The name and address of the initial resident agent	Voffice in Rhode Island is:	
Agent Name MARGARE L. STEELE, ESQ.		
Street Address (NOT a P.O. Box) 97 CROSS STR	REET	
City/Town WESTERLY	State RHODE ISLAND	Zip Code 02891
3. Under the terms of these Articles of Organization a the limited fiability company is intended to be treated		
partnership or		
partnership or a corporation or		
	s member(s)	
a corporation or		e of organization:
a corporation or disregarded as an entity separate from its		e of organization:

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Section 6 of these Articles of Organization.

Phone: (401) 222-3040 Website: www.sos.ri.gov MAY 8 0 2023 2:3'
BY & 84 2 Q X

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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:						
NONE.						
i						
				_		
			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 of	checked this box, skip	to Se	ction 8. Do not fil l out the cha	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.)						
<u> </u>			ariager below.			
MANAGER	ADDRESS			·		
	_					
9. Data when these Articles of Or	ranization will be effe	otivo:	CHECK ONE BOX ONLY			
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 declar accompanying attachments, and						
Name of Authorized Person		Addr	ess			
DAYTON D. LILLY		67 CEDARWOOD LANE				
City/Town			State	Zip Code		
HOPE VALLEY	,	•	RI	02832		
Signature of Authorized Person	nn			Date		
daythe D til	hy			5-25-2023		
//						

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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:

May 30, 2023 02:39 PM

Gregg M. Amore Secretary of State

Treg M. Coure

