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State of Rhode Island Department of State - Business Services Division

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2023 SEP -5 ₱ 2: 57

## 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:					
Olympus Realty LLC					
2. The name and address of the initial resident agent/office in Rhode Island is:					
Agent Name					
Joseph LoBianco					
Street Addresu (NOT a P.O. Box)					
915 Smith Street	Y * J *				
City/Town	State	Zip Code			
Providence	RHODE ISLAND	02908			
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):					
a disregarded as an entity separate from its member (single member LLC)					
a partnership					
a corporation					
4. The address of the principal office of the limited liability company, if it is determined at the time of organization:					
Street Address					
10 Arrowhead Lane					
City/Town	State	Zip Code			
Milton	МА	02186			
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 Car Fora 146 V1, River Street, Providences, Rhodd Island 02004-0315 Pilipno. (401) 222-0110 Wishelter warrant begin

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:					
7. The Limited Liability Company is to be managed I	ov its:	Check ii	his box to indicate attachment		
You MUST check one box:	<u></u>				
	_	<b>7</b>			
Members (Owners) DO NOT OR complete the chart below.		Managers (Individuals hired by the members with no ownership interest) Complete the chart below.			
	MAN	NAGER NAME	ADDRESS		
	-				
	Ì				
	<u> </u>				
Check this box to indicate attachment					
8. Date when these Articles of Organization will be e	ffective	: CHECK ONE BOX ONLY			
X 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	Addr	Address			
George Mussalli	10	10 Arrowhead Lane			
City/Town	<del></del>	State	Zip Code		
Milton /		MA	92186/		
Signature of Authorized Derson   Date   7					
1/5/2					

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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:

September 05, 2023 02:57 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

