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State of Rhode Island **Department of State - Business Services Division**

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2023 SEP -6 A 10: 39

Articles of Organization

DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

Pursuant to the provisions of <u>RIGL 7-16</u> , the following Articles of Orga the limited liability company to be organized hereby:	nization are adopted for					
The name of the limited liability company is:						
Continental Growing CLC						
2. The name and address of the initial resident agent/office in Rhode Island is:						
Agent Name Seffrey Serio 12						
Agent Name Defrey Desireo 2 Street Address (NOT a P.O. Box) City/Town						
City/Town Cranstan	State RHODE ISLAND	Zip Code 02920				
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 608 Dyer are suite3						
City/Town Cranstan	State Zhode Island	Zip Code O2 860				
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.						

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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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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 t	his box to indicate attachment 🗌	
7. The Limited Liability Company is to be managed by its:					
You MUST check one box:					
14	_	_			
Members (Owners) DO NOT OR		Managers (Individuals hired by the members with no ownership interest) Complete the chart below.			
complete the chart below.					
	MAN	IAGER NAM	E	ADDRESS	
	J				
			Check th	is box to indicate attachment	
8. Date when these Articles of Organization will be	effective	: CHECK O	NE BOX ONLY		
Date received (Upon filing)					
Later effective date (Date must be no more than 90 days from the date of Eliza)					
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			e true and correct	<u> </u>	
Name of Authorized Person	Addr	ess		1 # /	
Jeffry DePritte y	_	379	Power Re	ad 'Y	
City/Town		State		Zip Code	
Pawtucket		12=	L	02860	
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:

September 06, 2023 10:37 AM

Gregg M. Amore Secretary of State

Treg M. Coure

