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State of Rhode Island
Department of State - Business Services Division

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2023 SEP 13 P 2: 45

## **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 Organization are adopted for the limited liability company to be organized hereby:					
The name of the limited liability company is:	<del>.</del>				
Lee Holdings LIC					
2. The name and address of the initial resident agent/office in Rhode Island is:					
Agent Name Ning Lermontor					
Street Address (NOT a P.O. Box)  2220 Plant field Pike, Suite 201  City/Town					
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):					
□ 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					
City/Town	State	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.					

**FILED** 

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BYLKS EMFRE

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

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:				
company is formed, and any other provision wh	iich may	be included in an operating agree	ement.	
		<b>.</b>		
			this box to indicate attachment	
7. The Limited Liability Company is to be mana	ged by	ts:		
You MUST check one box:				
Members (Owners) DO NOT	<u> </u>	Managers (Individuals hired by the members with no ownership interest) Complete the chart below.		
complete the chart below.	OR			
complete the chart below.		owner on primary	or, complete the chart colon.	
		MANAGER NAME	ADDRESS	
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Check this box to indicate attachment				
8. Date when these Articles of Organization will be effective: CHECK ONE BOX ONLY				
☑ Date received (Upon filing)				
Date received (Opon ming)				
Later effective date (Date must be no more than 90 days from the date of filing)				
Under penalty of penury, 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 LERMONTON		2220 Plainfield Pike, Suite 201		
ALEXANDER LERMONIDO				
City/Town		State	Zip Code	
Cranston		RI	02921	
CK GIVISTEET				
Signature of Authorized Person		<u> </u>	Date	
Af			09/13/2023	

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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:

September 13, 2023 02:45 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

