

Articles of Organization DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

Pursuant to the provisions of RIGL 7-16, the the limited liability company to be organized		Organization are adopted for	
1. The name of the limited liability company	y is: -		
Rhode Island Golf Entertainm	ent LLC		. <u> </u>
2. The name and address of the initial resi	dent agent/office in R	hode Island is:	
Agent Name Marc Catanese			
Street Address (NOT a P.O. Box) 3 Mills	ers Brook Dr.		
City/Town Cumberland		State RHODE ISLAND	Zip Code 02864
3. Under the terms of these Articles of Org the limited liability company is intended to			
a disregarded as an entity ser	parate from its memb	er (single member LLC)) 4 1.
a partnership			
a corporation	, ,,		· ·
4. The address of the principal office of the	limited liability comp	any, if it is determined at the tim	e of organization:
Street Address 3 Millers Brook Dr.			
City/Town Cumberland		State Rhode Island	Zip Code 02864
5. The limited liability company has the puruntil dissolved or terminated in accordance Section 6 of these Articles of Organization	e with RIGL <u>7-16,</u> unle	any lawful business, and shall hess a more limited purpose or di	ave perpetual existence uration is set forth in

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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.rl.gov BYQVWMN

FORM 400 - Revised: 7/2023

6. Additional provisions, if any, not consistent with		· •		
of Organization, including, but not limited to, any company is formed, and any other provision whice				
		Check th	nis box to indicate attachment	
7. The Limited Liability Company is to be manage	ed by its:		· · · · · · · · · · · · · · · · · · ·	
You MUST check one box:			········	
Members (Owners) DO NOT complete the chart below.	R [Managers (Individuals hired by the members with no ownership interest) Complete the chart below.		
	MAN	NAGER NAME	ADDRESS	
		-		
		···········		
			s box to indicate attachment	
8. Date when these Articles of Organization will b	e effective	e: CHECK ONE BOX ONLY		
✓ Date received (Upon filing)				
Later effective date (Date must be no more t	han 90 da	ys from the date of filing)		
Under penalty of perjury, I declare and affirm that accompanying attachments, and that all statemen				
Name of Authorized Person	Addr	ress	• "	
Marc Catanese	3 N	3 Millers Brook Dr.		
City/Town		State	Zip Code	
Cumberland		Rhode Island	02864	
Signature of Authorized Person		**	Date	
Mac Catanes	٤		9/18/2023	