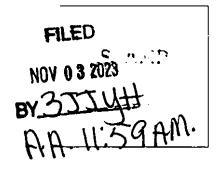
| - 5 <sup>20</sup> -   | RI SOS Filing Number: 202342587700 Date   | - 11/3/2023 11:59:00 A   | REC'D             |  |  |  |
|---|---|--------------------------|-------------------|--|--|--|
| S   | tate of Rhode Island  |                          |                   |  |  |  |
|   | Pepartment of State - Business Services Division  | on                       | RIDOS<br>3 AML1   |  |  |  |
|   |   |                          |                   |  |  |  |
| `.  |   |                          | :59:              |  |  |  |
|   | es of Organization  |                          |                   |  |  |  |
| $\rightarrow$ Filin   | g Fee: \$150.00   |                          |                   |  |  |  |
|   |   |                          |                   |  |  |  |
|   | o the provisions of <u>RIGL 7-16</u> , the following Articles of Orga<br>liability company to be organized hereby:  | nization are adopted for |                   |  |  |  |
| 1. The na   | me of the limited liability company is:   |                          |                   |  |  |  |
|   |   |                          |                   |  |  |  |
| Addie   | & Colts Bagels LLC  |                          |                   |  |  |  |
| 2. The na   | me and address of the initial resident agent/office in Rhode  | Island is:               |                   |  |  |  |
| Agent Na  |   |                          |                   |  |  |  |
| Agent No  | Alexia Croteau  |                          |                   |  |  |  |
| Street Ad   | dress (NOT a P.O. Box)  | · · · -                  |                   |  |  |  |
|   | 784 Pound Hill Rd   |                          |                   |  |  |  |
| City/Towr   |   | State                    | Zip Code          |  |  |  |
| Í   | North Smithfield  | RHODE ISLAND             | 02896             |  |  |  |
| 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): |   |                          |                   |  |  |  |
| 6   | a disregarded as an entity separate from its member (sin  | ngle member LLC)         |                   |  |  |  |
| Іг  | 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 Ad   | dress<br>285 Washington Hwy   |                          |                   |  |  |  |
| City/Towr   | Smithfield  | State<br>Rhode Island    | Zip Code<br>02917 |  |  |  |
| until diss  | nited liability company has the purpose of engaging in any labolited or terminated in accordance with RIGL <u>7-16</u> , unless a<br>of these Articles of Organization. |                          |                   |  |  |  |

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: |        |           |   |                                       |  |  |  |  |
|  |        |           |   |                                       |  |  |  |  |
|  |        |           |   |                                       |  |  |  |  |
|  |        |           |   |                                       |  |  |  |  |
|  |        |           |   |                                       |  |  |  |  |
|  |        |           |   |                                       |  |  |  |  |
|  |        |           |   |                                       |  |  |  |  |
|  |        |           |   | Check this box to indicate attachment |  |  |  |  |
| 7. The Limited Liability Company is to be managed by its:  |        |           |   |                                       |  |  |  |  |
| You MUST check one box:  |        |           |   |                                       |  |  |  |  |
|  |        | 00        |   |                                       |  |  |  |  |
| Members (Owners) OR Manager(s). Complete the chart below.  |        |           |   |                                       |  |  |  |  |
|  | MANAGE | R(S) NAME |   | ADDRESS                               |  |  |  |  |
|  |        |           |   |                                       |  |  |  |  |
|  |        |           |   |                                       |  |  |  |  |
|  |        |           |   |                                       |  |  |  |  |
|  |        |           |   |                                       |  |  |  |  |
|  |        |           |   |                                       |  |  |  |  |
|  |        |           |   |                                       |  |  |  |  |
|  |        |           | C | back this how to indicate attachment  |  |  |  |  |
| Check this box to indicate attachment   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 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  |        |           |   |                                       |  |  |  |  |
|  |        |           |   |                                       |  |  |  |  |
| Alexia Croteau 784 Pound Hill Rd   |        |           |   |                                       |  |  |  |  |
| City/Town  |        |           |   | Zip Code                              |  |  |  |  |
| North Smithfield   | RI     |           |   | 02896                                 |  |  |  |  |
| Signature of Authorized Person   | Date   |           |   |                                       |  |  |  |  |
| allialarotean  |        |           |   | 10/30/23                              |  |  |  |  |

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

State of Rhode Island Department of State | Office of the Secretary of State Gregg M. Amore, Secretary of State

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:

November 03, 2023 11:59 AM

Areg M. Couve

Gregg M. Amore Secretary of State

