



State of Rhode Island
Department of State - Business Services Division

Certificate of Correction

Limited Liability Company

→ Filing Fee: \$50.00

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2023 NOV -6 P 2:57

Pursuant to the provisions of RIGL 7-16-13 the undersigned limited liability company hereby submits the following Certificate of Correction:

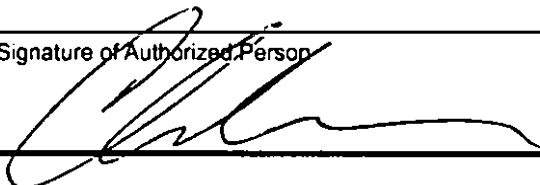
1. Entity ID Number: 001764890	2. The name of the limited liability company is: Caffe Knightsville, LLC
3. The document to be corrected is: Articles of Organization	
4. The name of the individual(s) who signed the document being corrected is: Christopher Maselli	
5. The date the document being corrected was originally filed on: October 31, 2023	
6. The typographical error, error of transcription or other technical error, or the defect in the execution of the document is: tax status was listed as a partnership <div style="text-align: right;">Check the box to indicate an attachment <input type="checkbox"/></div>	
7. The new corrected portion of the document states as follows: the tax status should read: disregarded as an entity seperate from its member <div style="text-align: right;">Check the box to indicate an attachment <input type="checkbox"/></div>	
8. As required by RIGL <u>7-16-67</u> , the entity has paid all fees and taxes.	

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED 257
NOV 06 2023
BY ZCM/B

Under penalty of perjury, I declare and affirm that I have examined this Certificate of Correction, including any accompanying attachments, and that all statements contained herein are true and correct.

Name of Authorized Person Christopher Maselli	Street Address 1052 North Main Street	
City/Town Providence	State RI	Zip Code 02904
Signature of Authorized Person 		Date 11/6/23

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 - Business Services Division

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2023 NOV -6 P 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:

Caffe Knightsville, LLC

2. The name and address of the initial resident agent/office in Rhode Island is:

Agent Name Christopher Maselli

Street Address (NOT a P.O. Box) 1052 North Main Street

City/Town Providence

State RHODE ISLAND

Zip Code 02904

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 1669 Cranston Street

City/Town Cranston

State RI

Zip Code 02920

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 7-16, unless a more limited purpose or duration is set forth in Section 6 of these Articles of Organization.

FILED 257
NOV 06 2023
BY ZCMYB

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:

To operate and manage a restaurant

Check this box to indicate attachment ☐

7. The Limited Liability Company is to be managed by its:

You **MUST** check one box:



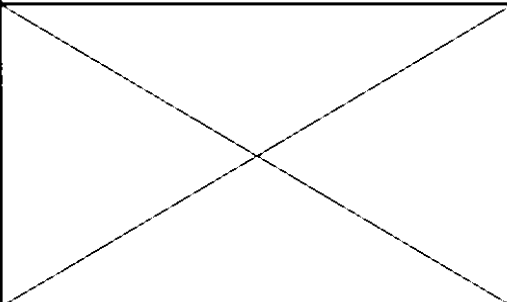
Members (Owners)

OR



Manager(s). Complete the chart below.

DO NOT complete the chart below.

	MANAGER(S) NAME	ADDRESS

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

Christopher Maselli

Address

1052 North Main Street

City/Town

Providence

State

RI

Zip Code

02904

Signature of Authorized Person

Date

11/6/2023

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 06, 2023 02:57 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Gregg M. Amore
Secretary of State

