State of Rhode Island Department of State - Business Services Divis	ion	
Articles of Organization DOMESTIC Limited Liability Company → Filing Fee: \$150.00		RECEIVED R.I. DEPT. OF STATE BUS SVCS D'V 2023 NOV 22 P 1: 01
Pursuant to the provisions of <u>RIGL 7-16</u> , the following Articles of Orgathe limited liability company to be organized hereby:	anization are adopted for	
1. The name of the limited liability company is: 30 Beach LLC		
2. The name and address of the initial resident agent/office in Rhode Agent Name Gary B. Simon	e Island is:	
Street Address ( <u>NOT</u> a P.O. Box) 30 Beach Drive		
City/Town Little Compton	State RHODE ISLAND	Zip Code 02837
3. Under the terms of these Articles of Organization and any written the limited liability company is intended to be treated for purposes o	operating agreement made f federal income taxation as	e or intended to be made, s (CHECK ONE BOX):
<ul> <li>a disregarded as an entity separate from its member (s</li> <li>a partnership</li> <li>a corporation</li> </ul>	ingle member LLC)	
4. The address of the principal office of the limited liability company, Street Address 10 Newbury Street	if it is determined at the tin	ne of organization:
City/Town Boston	State MA	Zip Code 02116
5. The limited liability company has the purpose of engaging in any until dissolved or terminated in accordance with RIGL <u>7-16</u> , unless Section 6 of these Articles of Organization.		
		FILED
	N( BY_)	$\frac{1}{1} \frac{1}{1} \frac{1}$
MAIL TO: Division of Business Services		1:01
148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.ri.gov		
		FORM 400 Revised: 7/20

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6. Additional provisions, if any, not consistent of Organization, including, but not limited to, company is formed, and any other provision	any lin	nitation of the purpose(s) or d	uration for which the limited liability		
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			Check this box to indicate attachment		
7. The Limited Liability Company is to be main	naged	by its:	· · · · · · · · · · · · · · · · · · ·		
You MUST check one box:					
Members (Owners) OR Manager(s). Complete the chart below.					
	<del>त ··</del>	AGER(S) NAME	ADDRESS		
		R. Simon	10 Nowhung Street Reston MA 02116		
	Gary	B. Simon	10 Newbury Street, Boston, MA 02116		
			:		
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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)			· · · · · · · · · · · · · · · · · · ·		
Later effective date (Date must be no me	ore tha	an 90 days from the date of fil	ing)		
Under penalty of perjury, I declare and affirm accompanying attachments, and that all state	ement.	s contained herein are true ar			
Name of Authorized Person	thorized Person Address				
Gary B. Simon	101	Newbury Street			
City/Town		State	Zip Code		
1. •					
Boston		MA	02116		
Signature of Authorized Person		· · · · · · · · · · · · · · · · · · ·	Date		
AN			1 12		
te of			Nov 20, 2023		
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If you have any questions, please call us	at (40	1) 222-3040, Monday throug	gh Friday,		

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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 22, 2023 01:01 PM

Areg M. Couve

Gregg M. Amore Secretary of State

