State of Rhode Island
Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS DIV
2023 NOV 29 A 9:00

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:

JBM REALTY 264/266, LLC

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

Agent Name: William C. Maaia, Esquire

Street Address (NOT a P.O. Box): 349 Warren Avenue

City/Town	State	Zip Code
East Providence	RHODE ISLAND	02914

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: 264/266 Orms Street

City/Town	State	Zip Code
Providence	RI	02908

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
NOV 29 2023 9:00 am
BY LKS FQ19H

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:

☐ Members (Owners) **DO NOT** complete the chart below. **OR** ☑ Manager(s). Complete the chart below.

	MANAGER(S) NAME	ADDRESS
	John P. McKenna	182 Sweetbriar Drive Cranston, RI 02920
	Bernard F. McKenna	42 Warman Avenue Cranston, RI 02920

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	Address		
John P. McKenna	182 Sweetbriar Drive		
City/Town	State	Zip Code	
Cranston	RI	02920	
Signature of Authorized Person		Date	
John P. McKenna		11-22-2023	

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.