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**Articles of Organization**DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

2023 NOV 29 A 9 00

Pursuant to the provisions of <u>RIGL 7-16</u> , the following Articles of Orgathe limited liability company to be organized hereby:	nization are adopted for			
The name of the limited liability company is:				
JBM REALTY 1329, LLC				
2. The name and address of the initial resident agent/office in Rhode Island is:				
Agent Name				
William C. Maaia, Esquire				
Street Address ( <u>NOT</u> a P.O. Box)				
349 Warren Avenue				
City/Town	State	Zip Code		
East Providence	RHODE ISLAND	02914		
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 1329 Warwick Avenue				
City/Town	State	Zip Code		
Warwick	RI	02888		
<ol> <li>The limited liability company has the purpose of engaging in any launtil dissolved or terminated in accordance with RIGL <u>7-16</u>, unless a Section 6 of these Articles of Organization.</li> </ol>				

FILED

BY LKS FQ18

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 mai	naged by its:			
You MUST check one box:				
Members (Owners)  DO NOT complete the chart b	OR elow.	Manager(s). Complete the chart below.		
	MANAGER(S) NAME	ADDRESS		
	John P. McKenna	182 Sweetbriar Drive		
	JOHN P. WICKEHIIA	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 v	vill be effective: CHECK	K ONE BOX ONLY		
✓ Date received (Upon filing)				
Later effective date (Date must be no mo	ore than 90 days from ti	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		
Jal P. Mylenen		11-22-2023		