

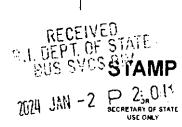
State of Rhode Island

Department of State - Business Services Division

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: 2. The name and address of the initial resident agent/office in Rhode Island is Agent Name Street Address (NOT a P.O. Box) City/Town State Zip Code RHODE ISLAND 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 City/Town State Zip Code 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.

> STAMP JAN - 2 2024 By 7 X S. G. J.

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 inconsistent 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 manage	d by its:		
You MUST check one box:		_	···
/-			
Wembers (Owners) DO NOT complete the chart below	OR	Mana Mana	ger(s). Complete the chart below.
			ADDDECC
I MA	NAGER(S) NAME	LANY	56 FILDING FOTATES
	11 O LOEL	LHIMP	ADDRESS, 56 FILDINE ESTATES Cranston, RI 0290
	0 1	i	
	1arc Lan	ni	1666 INENDEM Rd 028
			Cumber land, RI
Check this box to indicate attachment			
8. Date when these Articles of Organization will be effective: CHECK ONE BOX ONLY			
Date received (Upon filing)			
Sale reserves (open ming)			
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			
Joanne Lanni 146 Langdon ST			
City/Town	State	33 	Zip Code
	0		
Providence			02904 Date 1/2/2//
Signature of Authorized Person			Date / / /
Soanne Janne			1/2/24
NOW IN THE WORLD THE	•		<u> </u>

RI SOS Filing Number: 202443686690 Date: 1/2/2024 2:01:00 PM



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:

January 02, 2024 02:01 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

