RI SOS Filing Number: 202449884360 Date: 3/29/2024 1:03:00 PM



State of Rhode Island
Department of State - Business Services Division

FILED (

ECT RIDOS BSD NA: 29 PK1:03:50

Articles of Organization

DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

Pursuant to the provisions of <u>RIGL 7-16</u>, the following Articles of Organization are adopted for the limited liability company to be organized hereby:

he limited liability company to be organized hereby:			
The name of the limited liability company is:			
TPG Middletown Beverage, LLC			
2. The name and address of the initial resident agent/office in Rhode	Island is:		
Agent Name C T Corporation System			
Street Address (NOI a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A			
City/Town East Providence	State RHODE ISLAND	Zip Code 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 1140 Reservoir Avenue			
City/Town Cranston	State Rhode Island	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 <u>7-16</u> , unless a more limited purpose or duration is set forth in Section 6 of these Articles of Organization.			
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 of Organization, including, but not limited to, as company is formed, and any other provision with the company is formed.	ny limitation of the purp	member(s) elect to have set forth in these Articles urpose(s) or duration for which the limited liability d in an operating agreement: Check this box to indicate attachment	
7. The Limited Liability Company Is to be many	aged by its:		
You MUST check one box:			
Members (Owners) OR Manager(s). Complete the chart below.			
	MANAGER(S) NAME	E ADDRESS	
	Elizabeth A. Procacciant	nti 1140 Reservoir Avenue Cranston, Rhode Island 02920	
Check this box to indicate attachment			
8. Date when these Articles of Organization will be effective: CHECK ONE BOX ONLY			
X Date received (Upon filing) Later effective date (Date must be no mo	re than 90 days from t	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		
Natasha V. Ruane	1140 Reservoir Avenue		
City/Town	State	Zip Code	
Cranston	Rhode Island	02920	
Signature of Authorized Person		Date	
Natasha V. Ruene		03/28/2024	

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.

RI SOS Filing Number: 202449884360 Date: 3/29/2024 1:03:00 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:

March 29, 2024 01:03 PM

Gregg M. Amore Secretary of State

Treg M. Coure

