



State of Rhode Island
Department of State - Business Services Division

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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:		
Strauss, Factor, Laing & Lyons, LLC		
2. The name and address of the initial resident agent/office in Rhode Island is:		
Agent Name Thomas Lyons		
Street Address (NOT a P.O. Box) One Davol Square, Suite 305		
City/Town Providence	State RHODE ISLAND	Zip Code 02903
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):		
<input type="checkbox"/> a disregarded as an entity separate from its member (single member LLC) <input checked="" type="checkbox"/> a partnership <input type="checkbox"/> 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 One Davol Square, Suite 305		
City/Town Providence	State RI	Zip Code 02903
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 <u>RIGL 7-16</u> , unless a more limited purpose or duration is set forth in Section 6 of these Articles of Organization.		

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JUN 04 2024

BY AT VRT

A.A. 3:29 pm

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:

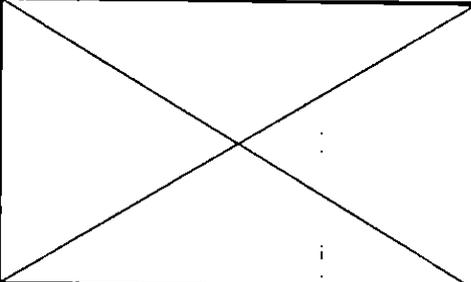
See Exhibit A attached hereto

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

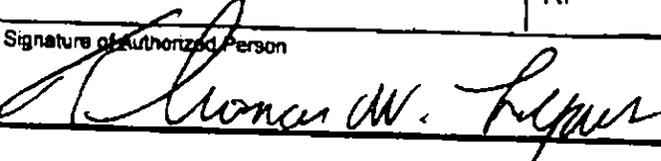
Check this box to indicate attachment

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	
Thomas Lyons	One Davol Square, Suite 305	
City/Town	State	Zip Code
Providence	RI	02903
Signature of Authorized Person	Date	
		

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.

STRAUSS, FACTOR, LAING & LYONS, LLC (the "Company")

EXHIBIT A

6. Additional provisions not inconsistent with law set forth in these Articles of Organization:

- I. The purpose of the Company is to engage in the practice of law.
- II. All Members and Managers, if any, of the Company must be an individual authorized to practice law.