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	State of Rhode Island Department of State - Business	Services Division	I	REC'D RIDO		
	les of Organization			RIDOS BSD 4 4 Pm4:21:37		
	STIC Limited Liability Company			üü		
\rightarrow Fi	ling Fee: \$150.00			•		
	t to the provisions of <u>RIGL 7-16</u> , the follow ed liability company to be organized hereby		ration are adopted for			
	name of the limited liability company is:					
	53BBABA LLC					
2. The name and address of the initial resident agent/office in Rhode Island is:						
Agent Name ANDREW DAVIS						
Street Address (NOI a P.O. Box) 101 DYER ST SECOND FLOOR						
City/To			tate 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):						
	a disregarded as an entity separate f	rom its member (singl	e member LLC)			
a partnership						
	a corporation					
4. The	address of the principal office of the limited	l liability company, if it	is determined at the time	of organization:		
Street /	Address					
City/To	wn	s	tate	Zip Code		
until dis	limited liability company has the purpose o soolved or terminated in accordance with R n 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

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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 managed by its:							
You MUST check one box:							
Members (Owners) 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	A _					
Shashank Mruck	14 LILLS	AVE					
City/Town BARHNATON	State		Zip Code 02806				
Signature of Authorized Person			Date June 4, 2024				

State of Rhode Island Department of State | Office of the Secretary of State Gregg M. Amore, Secretary of State

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:

June 04, 2024 04:21 PM

Areg M. Couve

Gregg M. Amore Secretary of State

