State of Rhode Island Department of State - Business Serv	REC'D RIDOS BSD '24 J IL 30 Pm12:17:18			
Articles of Organization		S 855		
DOMESTIC Limited Liability Company →,Filing Fee: \$150.00		2:18 118		
Pursuant to the provisions of <u>RIGL 7-16</u> , the following A he limited liability company to be organized hereby:	Articles of Organization are adopted for			
1. The name of the limited liability company is:				
CROCUS STREET LLC				
2. The name and address of the initial resident agent/c	office in Rhode Island is:			
Agent Name RONALD DETHOMAS				
Street Address (NOT a P.O. Box) 2067 MINERAL	SPRING AVE			
City/Town NORTH PROVIDENCE	State RHODE ISLAND	Zip Code 02911		
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 i	its member (single member LLC)			
a partnership				
a corporation				
4. The address of the principal office of the limited liab	ility company, if it is determined at the ti	me of organization:		
Street Address 47 CROCUS STREET				
City/Town WARWICK	State RI	Zip Code 02886		
5. The limited liability company has the purpose of enguntil dissolved or terminated in accordance with RIGL Section 6 of these Articles of Organization.	gaging in any lawful business, and shall <u>7-16</u> , unless a more limited purpose or o	have perpetual existence duration is set forth in		

MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.ri.gov

- ---FILED JUL 30 2024 BY: V. 7948 AA. 12:17pm.

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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:					
NONE AT THIS TIME					
L-7					
			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 be	elow.	OR Mana	ger(s). Complete the chart below.		
	MAN	IAGER(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				
NICHOLE DONOVAN	1363 PUTNAM PIKE				
City/Town	L	State	Zip Code		
CHEPACHET		RI	02814		
Signature of Authorized Person		Date			
cho da		07/25/2024			

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.

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:

July 30, 2024 12:17 PM

Treng M. Course

Gregg M. Amore Secretary of State

