



State of Rhode Island
Department of State - Business Services Division

Articles of Organization

DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

REC'D RIGS BSO
24 SEP 26 PM 12:03:33

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:

Sapien Psychiatry LLC

2. The name and address of the initial resident agent/office in Rhode Island is:

Agent Name
Elliot Feld

Street Address (NOT a P.O. Box)
1243 Mineral Spring Avenue, Ste #204

City/Town
North Providence

State
RHODE ISLAND

Zip Code
02904

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
1243 Mineral Spring Avenue, Ste #204

City/Town
North Providence

State
RI

Zip Code
02904

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.

FILED

SEP 26 2024

BY

MAIL TO:

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

FORM 400-12-2023

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 ☐

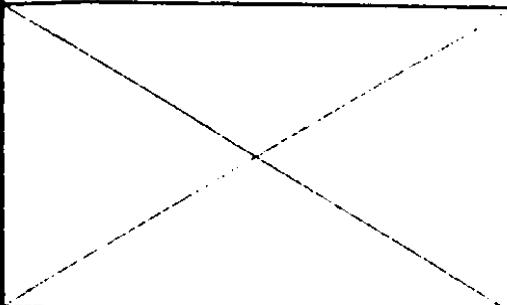
7 The Limited Liability Company is to be managed by its

You **MUST** check one box

☒ Members (Owners)
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	
Elliot Feld	1243 Mineral Spring Avenue, Ste #204	
City/Town	State	Zip Code
North Providence	RI	02904
Signature of Authorized Person 		Date 9/25/24

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:

September 26, 2024 12:03 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Gregg M. Amore
Secretary of State

