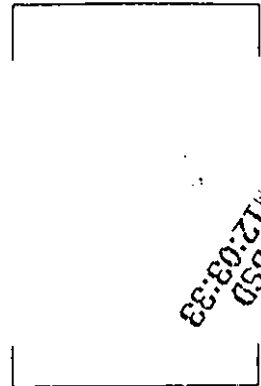




State of Rhode Island  
Department of State - Business Services Division



REC'D RINOS ESD  
24 SEP 26 PM 12:08:33

**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: <b>Sapien Psychiatry LLC</b>		
2. The name and address of the initial resident agent/office in Rhode Island is		
Agent Name <b>Elliot Feld</b>		
Street Address (NOT a P.O. Box) <b>1243 Mineral Spring Avenue, Ste #204</b>		
City/Town <b>North Providence</b>	State <b>RHODE ISLAND</b>	Zip Code <b>02904</b>
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 checked="" type="checkbox"/> a disregarded as an entity separate from its member (single member LLC) <input 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 <b>1243 Mineral Spring Avenue, Ste #204</b>		
City/Town <b>North Providence</b>	State <b>RI</b>	Zip Code <b>02904</b>
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.		

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**

SEP 26 2024

BY *[Signature]*

*[Handwritten initials]*  
FORM 400 (REV. 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

X	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 Elliot Feld	Address 1243 Mineral Spring Avenue, Ste #204	
City/Town North Providence	State RI	Zip Code 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](mailto:corporations@sos.ri.gov).