

**State of Rhode Island**  
**Department of State - Business Services Division****Articles of Organization**

DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

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SEP 27 P 12:28

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:		
Daniel and Louisa Wheelan Family Trust, LLC		
2. The name and address of the initial resident agent/office in Rhode Island is:		
Agent Name		
Robert E. Bollengier, Esq.		
Street Address ( <u>NOT</u> a P.O. Box)		
3210 Post Road		
City/Town	State	Zip Code
Warwick	RHODE ISLAND	02886
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 ( <b>CHECK ONE BOX</b> ):		
<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		
3210 Post Road		
City/Town	State	Zip Code
Warwick	RI	02886
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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BY J3DJF

AA. 10:35 AM

**MAIL TO:**

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: [www.sos.ri.gov](http://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:

Check this box to indicate attachment ☐

7. The Limited Liability Company is to be managed by its:

You **MUST** check one box:



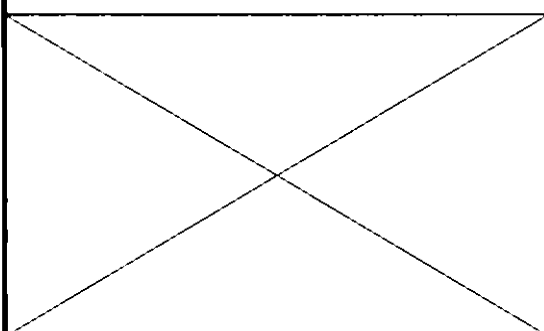
Members (Owners)

OR



Manager(s). Complete the chart below.

**DO NOT** 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

Sara M. Quinn

Address

22 St. James Road

City/Town

Narragansett

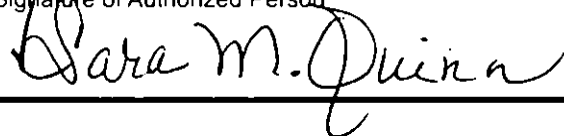
State

RI

Zip Code

02882

Signature of Authorized Person



Date

September 7, 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](mailto: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:

October 09, 2024 10:35 AM

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*

