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State of Rhode Island

Department of State - Business Services Division

Articles of Organization DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

The name of the limited liability company is:		
Ocean State Signal, LLC		e na an an
2. The name and address of the initial resident agent	office in Rhode Island is:	
Agent Name Cogency Global, Inc.		
Street Address (<u>NOT</u> a P.O. Box) 222 Jefferson E	Boulevard	
City/Town Warwick	State RHODE ISLAN	Zip Code 02888
 Under the terms of these Articles of Organization a the limited liability company is intended to be treated 		
a disregarded as an entity separate from	its member (single member LLC)	
a partnership		As weeks
a corporation		
4. The address of the principal office of the limited lia	bility company, if it is determined at the	ne time of organization:
Street Address 27 Thurber Boulevard		•••••
City/Town Smithfield	State RI	Zip Code 02917
Smithfield	RI	hall have perpetual existence

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:						
				X * X		
				· •		
		· · · · · · · · · · · · · · · · · · ·	Check this box to indicate attachr	ment 🔲		
7. The Limited Liability Company is to be managed by its:						
You MUST check one box:				Sy		
Members (Owners) OR Manager(s). Complete the chart below.						
	MAN	IAGER(S) NAME	ADDRESS			
	Lisa	A. Rutherford	23 Mallard Way, East Greenwich, RI 02818			
				A TOTAL		
Check this box to indicate attachment						
8. Date when these Articles of Organization w	vill be	effective: CHECK ONE BOX	ONLY			
✓ Date received (Upon filing)				1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
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	Addr					
Lisa A. Rutherford	23	Mallard Way				
City/Town	I	State	Zip Code	10 1, 4 ster		
East Greenwich		Rhode Island	02818	E Sec. 4		
Signature of Authorized Person Docusigned by: Lisa Rutherford			Date 10/9/2024	part of participants		

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.

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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 10, 2024 12:17 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

