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## **Articles of Organization**

DOMESTIC Limited Liability Company		 
→ Filing Fee. \$150.00		ω
		•
Pursuant to the provisions of RIGL 7-16, the following Articles of Orga he limited liability company to be organized hereby:	nization are adopted for	
The name of the limited liability company is:		
Joy Street Holdings, LLC		
2. The name and address of the initial resident agent/office in Rhode	Island is:	
Agent Name SkyView Real Estate Advisors, LLC		
Street Address (NOT a PO. Box) 56 Pine Street, Suite 303B		
City/Town Providence	State RHODE ISLAND	Zip Code 02903
3. Under the terms of these Articles of Organization and any written of the limited liability company is intended to be treated for purposes of	operating agreement made of federal income taxation as	or intended to be made, (CHECK ONE BOX):
a disregarded as an entity separate from its member (sin	ngle member LLC)	
a partnership		
a corporation		
4. The address of the principal office of the limited liability company, i	f it is determined at the time	of organization:
Street Address 56 Pine Street, Suite 303B		
City/Town Providence	State R.I.	Zip Code 02903
5. The limited liability company has the purpose of engaging in any la until dissolved or terminated in accordance with RIGL <u>7-16</u> , unless a Section 6 of these Articles of Organization.	wful business, and shall ha more limited purpose or dur	ve perpetual existence ration 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

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6. Additional provisions, if any, not inconsister	of with law which the r		in these Articles	
of Organization, including, but not limited to, a	any limitation of the pur	pose(s) or duration for which the		
company is formed, and any other provision v	which may be included	in an operating agreement.		
To Hold, Develop and Manage Real E	Estate			
		<del></del>		
7. The Limited Liebilibi Company is to be man	and her than	Check this box to i	ndicate attachment	
7. The Limited Liability Company is to be man	aged by its:			
You MUST check one box				
Members (Owners) DO NOT complete the chart be	OR elow.	Manager(s) Complete th	e chart below.	
	MANAGER(S) NAME	ADDRESS		
			···	
		<u> </u>		
		Check this box to inc	dicate 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 mo	re than 90 days from ti	ne date of filing)	<del></del>	
Under penalty of perjury, I declare and affirm t accompanying attachments, and that all state			aluding any	
Name of Authorized Person	Address			
Rebecca Voccola	56 Pine Street, Suite 303B			
City/Town	State	Zip Code		
Providence	R.I.	02903		
Signature of Authorized Person		Date		
Kebecca VoccoTK		10/22/24	1	

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.rl.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 22, 2024 01:22 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

