



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



**Articles of Organization**

DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

RECEIVED  
RI DEPT. OF STATE  
BUS SVCS DIV  
2024 NOV 14 A 11:00

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:		
Marrett Healthcare and Payments, LLC		
2. The name and address of the initial resident agent/office in Rhode Island is:		
Agent Name Henri R. Cattier		
Street Address (NOT a P.O. Box) 14 Imperial Place, Apartment 501		
City/Town Providence	State RHODE ISLAND	Zip Code 02903
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 14 Imperial Place, Apartment 501		
City/Town Providence	State RI	Zip Code 02903
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.		

**RI DOS MADE NON-SUBSTANTIVE EDITS**

**FILED**

NOV 14 2024  
BY 9JVKD4  
AA-10:59 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

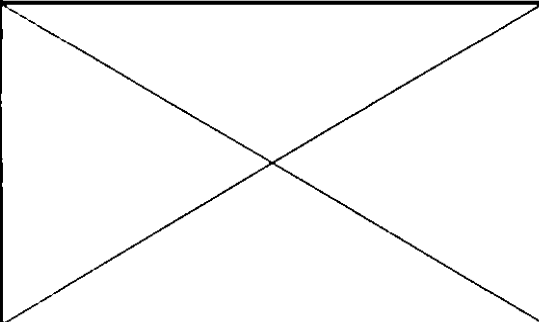
7. The Limited Liability Company is to be managed by its:

You **MUST** check one box:

Members (Owners)  
DO NOT complete the chart below.

OR

Manager(s). Complete the chart below.

	MANAGER(S) NAME	ADDRESS
		14 Imperial Pl 501 Providence RI 02903 United States

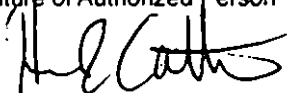
Check this box to indicate attachment

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 Henri Cattier	Address 14 Imperial Pl. Apartment 501	
City/Town Providence	State RI	Zip Code 02903
Signature of Authorized Person 		Date 11/12/2024

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).