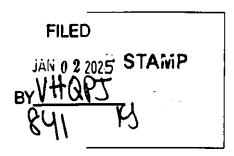
State of Rhode Island Department of State - Business Services Divisi Articles of Organization DOMESTIC Limited Liability Company	on	REC'D RIDOS BSI 25 JAN 2 HH8:41: S		
→ Filing Fee: \$150.00		20 5		
Pursuant to the provisions of <u>RIGL 7-16</u> , the following Articles of Orga the limited liability company to be organized hereby:	nization are adopted for			
1. The name of the limited liability company is:				
3-5 Pleasant View Properties LLC				
2. The name and address of the initial resident agent/office in Rhode Island is:				
Agent Name John T. Kelly		· _ · · · · ·		
Street Address (NOT a P.O. Box) 123 Pleasant View				
City/Town Jamestown	State RHODE ISLAND	Zip Code 02835		
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	perating agreement made federal income taxation as	or intended to be made, (CHECK ONE BOX):		
a disregarded as an entity separate from its member (single member LLC)				
a partnership				
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 123 Beach Avenue				
City/Town Jamestown	State RI	Zip Code 02835		
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 du	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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<ol> <li>Additional provisions, if any, not inconsis of Organization, including, but not limited to company is formed, and any other provision</li> </ol>	o, any limitation of the	e purpose(s) or du	ration for which the limited liability	
			Check this hav to indicate attackment	
7. The Limited Liability Company is to be m	anaged by its		Check this box to indicate attachment	
You MUST check one box:				
Members (Owners) OR Manager(s). Complete the chart below.				
	MANAGER(S) NA	ME	ADDRESS	
		<u> </u>	·	
		C	heck this box to indicate attachment	
8. Date when these Articles of Organization	will be effective: CHE	ECK ONE BOX O	INLY	
Date received (Upon filing)				
Later effective date (Date must be no n				
Under penalty of perjury, I declare and affirm accompanying attachments, and that all sta	n that I have examine	erein are true and	of Organization, including any	
Name of Authorized Person	Address			
John T. Kelly	123 Beach avenue			
City/Town	State		Zip Code	
Jamestown	RI		02835	
Signature of Authorized Person			Date	
Jon + Kelly			December 31, 2024	
			<u>_</u>	
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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:

January 02, 2025 08:41 AM

Treng M. Course

Gregg M. Amore Secretary of State

