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State of Rhode Island Department of State - Business Services Division

Articles of OrganizationDOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

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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:							
East George Street 43, LLC							
2. The name and address of the initial resident agent/office in Rhode Island is:							
Agent Name Macalister Slepkow							
Street Address (<u>NOT</u> a P.O. Box) 1481 Wampanoag Trail							
City/Town East Providence	State RHODE ISLAND	Zip Code 02915					
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):							
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 37 Oak Avenue							
City/Town Riverside	State RI	Zip Code 02915					
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 RIGL <u>7-16</u> , unless a more limited purpose or duration is set forth in Section 6 of these Articles of Organization.							

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: 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:							
Real Estate Holdings and any other lawful purpose.							
			Check this box to indicate attachment				
7. The Limited Liability Company is to be mar	naged	I by its:					
You MUST check one box:							
Members (Owners)		OR	gor/a). Complete the chart helew				
Members (Owners) OR ✓ Manager(s). Complete the chart below.							
	MAN	IAGER(S) NAME	ADDRESS				
	Leea	inn Carter	37 Oak Avenue				
$\overline{}$			Riverside, RI 02915				
			Check this box to indicate attachment				
8. Date when these Articles of Organization w	/ill be	effective: CHECK ONE BOX (ONLY				
Data received (Unan Sline)							
☐ Date received (Upon filing) ☐ JANUARY → 2025							
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 state							
Name of Authorized Person	Address						
Leeann Carter	37 Oak Avenue						
City/Town		State	Zip Code				
Riverside		RI	02015				
		1 \1	02915				
Signature of Authorized Person			Date				
De am Cara			12/27/24				

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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:

January 02, 2025 02:17 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

