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State of Rhode Island
Department of State - Business Services Division

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Articles of Organization

DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

Pursuant to the provisions of RIGL 7-16, the following Articles of Organization are adopted for the limited liability company to be organized hereby:			
The name of the limited liability company is:			
FOR REAL NRT PRODUCTION LLC			
2. The name and address of the initial resident agent/office in Rhode	Island is:		
Agent Name RACHIDA ABOULFATAH			
Street Address (NOT a P.O. Box) 30 MONTICELLO ROAD, SUITE 2042			
City/Town PAWTUCKET	State RHODE ISLAND	Zip Code 02861	
 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 30 MONTICELLO ROAD, SUITE 2042			
City/Town PAWTUCKET	State RI	Zip Code 02861	
5. The limited liability company has the purpose of engaging in any launtil dissolved or terminated in accordance with RIGL <u>7-16</u> , unless a Section 6 of these Articles of Organization.	awful business, and shall ha more limited purpose or du	ave perpetual existence iration 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 **FILED**

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· · · · · · · · · · · · · · · · · · ·	any limitation of the pu	member(s) elect to have set forth in these Articles prose(s) or duration for which the limited liability in an operating agreement:	
		Check this box to indicate attachment	
7. The Limited Liability Company is to be man	aged by its:		
You MUST check one box:	<u> </u>		
Members (Owners) DO NOT complete the chart be	OR elow.	Manager(s). Complete the chart below.	
	MANAGER(S) NAME	ADDRESS	
		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 mo	re than 90 days from	the date of filing)	
Under penalty of perjury, I declare and affirm a accompanying attachments, and that all state			
Name of Authorized Person	Address		
RACHIDA ABOULFATAH	30 MONTICELLO ROAD, SUITE 2042		
City/Town	State	Zip Code	
PAWTUCKET	RI	02861	
Signature of Authorized Person		Date	
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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 06, 2025 12:17 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

