RI SOS Filing Number: 202563353180 Date: 1/28/2025 11:48:00 AM



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Articles of Organization

DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

Rhode Island is:					
Street Address (NOT a P.O. Box) 35 Old North Road					
State RHODE ISLAND	Zip Code 02816				
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):					
ber (single member LLC)					
a partnership					
a corporation					
npany, if it is determined at the tir	ne of organization:				
	Zip Code 02816				
	RHODE ISLAND written operating agreement made				

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JAN 28 2025

BY VV794

(CB)

MAIL TO:

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

Phone: (401) 222-3040 Website: www.sos.ri.gov

C. Additional manifesture of any control of		In the second se		
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:				
57 Hambary (0, 1111)			and Orandata the about balance	
Members (Owners) DO NOT complete the chart be	elow.	OR Mana	ger(s). Complete the chart below.	
		AGER(S) NAME	ADDRESS	
	1007404	(OLINO) III IIIL	, ABSNESS	
	-	-	-	
		••		
			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 00 days from the date of 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	Addre	rss		
Michael P. Wheeler	35 C	Old North Road		
City/Town		State	Zip Code	
Coventry		RI	02816	
•				
Signature of Authorized Person			Date	
Michael Wheeler			01/28/2025	

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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 28, 2025 11:48 AM

Gregg M. Amore Secretary of State

Treg M. Coure

