RI SOS Filing Number: 202565796020 Date: 2/25/2025 10:46:00 AM



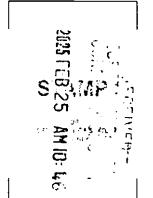
State of Rhode Island

Department of State - Business Services Division

Articles of Organization

DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00



Pursuant to the provisions of <u>RIGL 7-16</u>, the following Articles of Organization are adopted for the limited liability company to be organized hereby:

The name of the limited liability company is:				
Bright Beginnings ELC, LLC				
2. The name and address of the initial resident agent/office in Rhode Island is:				
Agent Name Bruce H. Cox				
Street Address (NOT 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 5 New Industrial Way				
City/Town Warren	State RI	Zip Code 02885		
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 FILED FEB 2 5 2025
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6. Additional provisions, if any, not inconsister of Organization, including, but not limited to, a company is formed, and any other provision v	any limitation of the pur	pose(s) or duration for which		
To hold and manage real estate and any other lawful purpose.				
		Check this bo	x to indicate attachment	
7. The Limited Liability Company is to be mar	naged by its:			
You MUST check one box:				
Members (Owners) DO NOT complete the chart be	OR elow.	Manager(s). Comple	ete the chart below.	
	MANAGER(S) NAME	ADDRESS		
	Kimberly Fortin	5 New Indust Warren, RI 02		
		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 accompanying attachments, and that all state			n, including any	
Name of Authorized Person	Address			
Bruce H. Cox	1481 Wampanoag Trail			
City/Town	State	Zip Code		
East Providence	RI	02915		
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:

February 25, 2025 10:46 AM

Gregg M. Amore Secretary of State

Tregs M. Coure

