RI SOS Filing Number: 202565894050 Date: 2/27/2025 3:25:00 PM



State of Rhode Island Department of State - Business Services Division

REUD RIDOS BSD '25 FEB 27 FNB: 25:41

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 Orga the limited liability company to be organized hereby:	nization are adopted for		
The name of the limited liability company is:	· · · · · · · · · · · · · · · · · · ·	<u></u>	
Left of Center Gaming LLC			
2. The name and address of the initial resident agent/office in Rhode	Island is:		
Agent Name Amanda Stacey			
Street Address (NOT a P.O. Box) 89 woodbury rd			
City/Town cranston	State RHODE ISLAND	Zip Code 02905	
3. Under the terms of these Articles of Organization and any written the limited liability company is intended to be treated for purposes of			
✓ a disregarded as an entity separate from its member (si	ngle member LLC)		
a partnership			
a corporation			
4. The address of the principal office of the limited liability company,	if it is determined at the tim	e of organization:	
Street Address 1094 post road			
City/Town warwick	State ri	Zip Code 02888	
5. The limited liability company has the purpose of engaging in any luntil dissolved or terminated in accordance with RIGL <u>7-16</u> , unless a Section 6 of these Articles of Organization.	awfut business, and shall he more limited purpose or du	ave perpetual existence uration is set forth in	

FEB 2 7 2025

FILED

BYZAXLA

MAIL TO:

Division of Business Services148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov HA. 3:25 pm

Additional provisions, if any, not inconsiste of Organization, including, but not limited to, company is formed, and any other provision	any limitation of the pu	member(s) elect to have set forth in these Articles rpose(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 ma	naged by its:	
You MUST check one box:	·	
Members (Owners) DO NOT complete the chart b	OR elow.	Manager(s). Complete the chart below.
	MANAGER(S) NAME	ADDRESS
		i
· · · · · · · · · · · · · · · · · · ·		Check this box to indicate attachment
8. Date when these Articles of Organization v	vill be effective: CHEC	CONE BOX ONLY
✓ Date received (Upon filing)	·	
Later effective date (Date must be no mo	-	
Under penalty of perjury, I declare and affirm accompanying attachments, and that all state		
Name of Authorized Person	Address	
amanda stacey	89 woodbury rd	
City/Town	State	Zip Code
cranston	l ri	02905
Signature of Authorized Person		Date
		2/14/2025

RI SOS Filing Number: 202565894050 Date: 2/27/2025 3:25:00 PM



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 27, 2025 03:25 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

