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## State of Rhode Island

## **Department of State - Business Services Division**

## **Articles of Organization**

DOMESTIC 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:						
FERRY REALTY GROUP, LLC						
2. The name and address of the initial resident agent/office in Rhode Island is:						
Agent Name ROBERT MARCELLO						
Street Address (NOT a P.O. Box) 2505 BOSTON NECK ROAD						
City/Town SAUNDERSTOWN	State RHODE ISLAND	Zip Code 02874				
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 2505 BOSTON NECK ROAD						
City/Town SAUNDERSTOWN	State RI	Zip Code 02874				
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

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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:						
Members (Owners)  OR  Manager(s). Complete the chart below.						
	MAN	AGER(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 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	Address					
ROBERT MARCELLO	2505 BOSTON NECK ROAD					
City/Town		Stale		Zip Code		
SAUNDERSTOWN		RI		02874		
Signature of Authorized Person		Date				
				3-17-25		

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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:

March 19, 2025 02:52 PM

Gregg M. Amore Secretary of State

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