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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

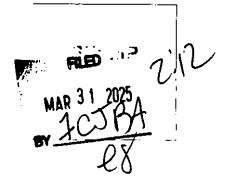
2025 HAR 31 ₱ 2: 12⁴¹₱

Pursuant to the provisions of <u>RIGL 7-16</u> , the following Ar the limited liability company to be organized hereby:	rticles of Organization are adopted fo	r
The name of the limited liability company is:		
Corner Mart Warwick, LLC		
2. The name and address of the initial resident agent/of	ffice in Rhode Island is;	
Agent Name Raymond F Bruzzese, CPA		
Street Address (NOT a P.O. Box) 1478 Atwood Av	enue, Suite 202	
City/Town Johnston	State RHODE ISLAND	Zip Code 02919
 Under the terms of these Articles of Organization and the limited liability company is intended to be treated for a disregarded as an entity separate from its 	r purposes of federal income taxation	ade or intended to be made, n as (CHECK ONE BOX):
a partnership	(4.1.3.0.1.2.1.2.1.2.1.2.1.2.1.2.1.2.1.2.1.2.1	
a corporation		
4. The address of the principal office of the limited liabili	ity company, if it is determined at the	time of organization:
Street Address 651 Main Avenue		
City/Town Warwick	State RI	Zip Code 02886
5. The limited liability company has the purpose of engauntil dissolved or terminated in accordance with RIGL 7. Section 6 of these Articles of Organization.	aging in any lawful business, and sha -16, unless a more limited purpose o	Il have perpetual existence r duration 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



6 Additional provisions, if any, not inconsiste	ent with law which the	he member(s) elect to have set forth in these Articles	_
of Organization, including, but not limited to,	, any limitation of the p	purpose(s) or duration for which the limited liability	
company is formed, and any other provision	which may be include	ded in an operating agreement:	
None			
		Oh a stable have to indicate attachment.	
7. The Limited Liability Company is to be ma	enaged by its:	Check this box to indicate attachment	
You MUST check one box:	naged by its.		
_		_	
Members (Owners) DO NOT complete the chart b	OR below.	Manager(s). Complete the chart below.	
	MANAGER(S) NAM	ADDRESS	
		1	
· · · · · · · · · · · · · · · · · · ·	<u>. </u>	Check this box to indicate attachment	_
8. Date when these Articles of Organization w	will be effective: CHE(
_	VIN DO GRECHYS. C.123	ECK ONE BOX ONL!	—
✓ Date received (Upon filing)			
Later effective date (Date must be no mo	ore than 90 days from	om the date of filing)	
Under penalty of perjury. I declare and affirm accompanying attachments, and that all state	that I have examined ements contained her	ed these Articles of Organization, including any erein are true and correct.	
Name of Authorized Person	Address		
Raymond F Bruzzese, CPA	1478 Atwood Ave	1478 Atwood Avenue, Suite 202	
City/Town	State	Zip Code	_
Johnston	RI	02919	
Signature Augiorized Person		Date	_
HY + 1/		03/27/2025	
VA / 1/2			

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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 31, 2025 02:12 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

