



State of Rhode Island
Department of State - Business Services Division

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25 APR 3 PM 12:04:43

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Articles of Organization

DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

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:

Weekapaug Ambassador Motel, LLC

2. The name and address of the initial resident agent/office in Rhode Island is:

Agent Name Roger A. Peters II

Street Address (NOT a P.O. Box) One Financial Plaza, 14th Floor

City/Town Providence

State RHODE ISLAND

Zip Code 02903

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 8 Sound Shore Drive, Suite 140

City/Town Greenwich

State CT

Zip Code 06830

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 7-16, 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 <input type="checkbox"/>		
7. The Limited Liability Company is to be managed by its:		
You MUST check one box:		
<input checked="" type="checkbox"/> Members (Owners) DO NOT complete the chart below.	OR	<input type="checkbox"/> Manager(s). Complete the chart below.
	MANAGER(S) NAME	ADDRESS
Check this box to indicate attachment <input type="checkbox"/>		
8. Date when these Articles of Organization will be effective: CHECK ONE BOX ONLY		
<input checked="" type="checkbox"/> Date received (Upon filing)		
<input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____		
<i>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.</i>		
Name of Authorized Person Nicholas C. Moore	Address 8 Sound Shore Drive, Suite 140	
City/Town Greenwich	State CT	Zip Code 06830
Signature of Authorized Person <i>Nicholas C. Moore</i>		Date <i>4.2.25</i>

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.