



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
MAY 13 PM 12:47:42

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:		
30 Flintstone LLC		
2. The name and address of the initial resident agent/office in Rhode Island is:		
Agent Name Corporation Service Company		
Street Address (NOT a P.O. Box) 222 Jefferson Boulevard, Suite 200		
City/Town Warwick	State RHODE ISLAND	Zip Code 02888
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 245 High Point Lane		
City/Town Fairfield	State CT	Zip Code 06824
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 <u>RIGL 7-16</u> , unless a more limited purpose or duration is set forth in Section 6 of these Articles of Organization.		

FILED
MAY 13 2025
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BY 1247

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

Check this box to indicate attachment ☐

7. The Limited Liability Company is to be managed by its: _____

You **MUST** check one box:

☐ Members (Owners)
DO NOT complete the chart below.

☒ Manager(s). Complete the chart below.

Check this box to indicate attachment ☐

8. Date when these Articles of Organization will be effective: **CHECK ONE BOX ONLY**

☐ Later effective date (Date must be no more than 90 days from the date of filing) _____

☐ Later effective date (Date must be no more than 90 days from the date of filing) _____

Name of Authorized Person	Address
John A. Sorel	245 High Point Lane

245 High Point Lane

06824

5/7/95

[illegible]



State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

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:

May 13, 2025 12:47 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of each word being capitalized and prominent.

Gregg M. Amore
Secretary of State

