



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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 R.I. DEPT. OF STATE
 BUS. SERVICES DIV.
 2025 APR 28 P 4 03

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:

Hoopsters, LLC.

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

Agent Name

Kevin M. Daley

Street Address (NOT a P.O. Box)

1383 Warwick Avenue

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

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4. The address of the principal office of the limited liability company, if it is determined at the time of organization:

Street Address

52 Moccasin Trail

City/Town

Cranston

State

Rhode Island

Zip Code

02921

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.

9:37 AM

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MAY 14 2025

BY J92 AD

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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 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:



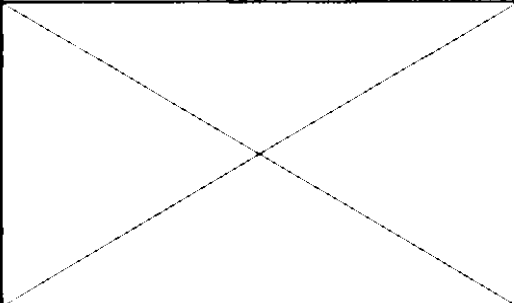
Members (Owners)

OR



Manager(s). Complete the chart below.

DO NOT complete the chart below.

	MANAGER(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

Kevin M. Daley

1383 Warwick Avenue

City/Town

State

Zip Code

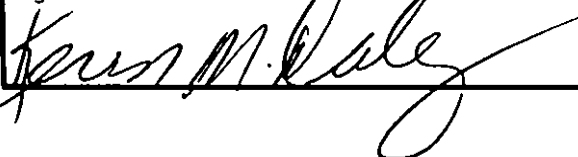
Warwick

RI

02888

Signature of Authorized Person

Date



4/21/25

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.

6. A manager of the limited liability company or a member who manages the limited liability company (hereinafter, simply referred to as "manager") shall not be personally liable to the limited liability company or its members for monetary damages for breach of any duty provided for in Section 17 of the Rhode Island Limited Liability Company Act as may hereafter be amended (the "act") except for:

- I. Liability for breach of the manager's duty of loyalty to the limited liability company or its members,
- II. Liability for acts or omissions not in good faith or which involve intentional misconduct or a known violation of law,
- III. Liability imposed pursuant to the provisions of Section 32 of the act or
- IV. Liability for any transaction from which the manager derived an improper personal benefit, unless said transaction was with the informed consent of the member or a majority of the disinterested managers.

KMD:sal

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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 14, 2025 09:37 AM

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

