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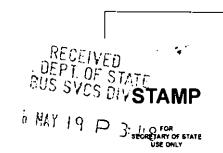


State of Rhode Island Department of State - Business Services Division

Articles of Organization

DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00



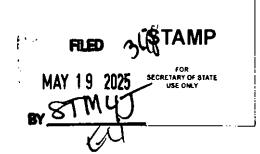
Pursuant to the provisions of RIGL 7-16, the following Articles of Organization are adopted for the limited liability company to be organized hereby: 1. The name of the limited liability company is: Newport Mussel Farm, LLC 2. The name and address of the initial resident agent/office in Rhode Island is: Agent Name Brendan Crawford Street Address (NOT a P.O. Box) 2 Corporate Place City/Town Zip Code State Middletown 02842 RHODE ISLAND 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 117 Cross Road City/Town Zip Code State Westport MA 02790 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



 Additional provisions, if any, not inconsister of Organization, including, but not limited to, a company is formed, and any other provision v 	any limitation of the pu	irpose(s) or di	ration for which the limited liability
The limited liability company has the manner of shellfish for human consurt equipment associated therewith and accordance with Rhode Island Gene	mption and owners shall have perpetu	hip of real ϵ	estate, water craft, gear and
accordance with Knode Island Gene	iai Laws.		
			Check this box to indicate attachment
7. The Limited Liability Company is to be man	naged by its:		
You MUST check one box:			
Members (Owners) DO NOT complete the chart be	OR elow.	Mana Mana	ger(s). Complete the chart below.
	MANAGER(S) NAME		ADDRESS
	Kerian Fennelly		117 Cross Road, Westport, MA 02790
	Kristen Fennelly		117 Cross Road, Westport, MA 02790
			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 mo	ore than 90 days from	the date of fili	ng)
Under penalty of perjury, I declare and affirm accompanying attachments, and that all state	that I have examined ements contained here	these Articles in are true an	of Organization, including any d correct.
Name of Authorized Person	Address		
Richard P. Desjardins	P.O. Box 3327		
City/Town	State		Zip Code
Westport	MA		02790
Signature of Authorized Person Date			Date #
Culfet. they	rklins		may 14, 2.25

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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:

May 19, 2025 03:48 PM

Gregg M. Amore Secretary of State

Treg M. Coure

