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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

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the limited liability company to be organized hereby:	ganization are adopted for	<u></u>
The name of the limited liability company is:		· · · · · · · · · · · · · · · · · · ·
9 Industrial Properties, LLC		
2. The name and address of the initial resident agent/office in Rhod	de Island is:	
Agent Name Dale Sowle		
Street Address (NOT a P.O. Box) 23 Pleasant St.		
City/Town Westerly	State RHODE ISLAND	Zip Code 02891
 Under the terms of these Articles of Organization and any written the limited liability company is intended to be treated for purposes of 	operating agreement made of federal income taxation as	or intended to be made, (CHECK ONE BOX):
a disregarded as an entity separate from its member (sa partnershipa corporation	ingle member LLC)	
4. The address of the principal office of the limited liability company,	if it is determined at the time	e of organization
Street Address 9 Industrial Ave		<u> </u>
City/Town Westerly	State Rhode Island	Zip Code 02891
 The limited liability company has the purpose of engaging in any luntil dissolved or terminated in accordance with RIGL 7-16, unless a Section 6 of these Articles of Organization. 	awful business, and shall ha more limited purpose or du	Ive perpetual existence ration 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

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6. Additional provisions, if any, not income of Organization, including that not limit	onsistent with law, which the	e member(s) elect to have set forth in these Articles purpose(s) or duration for which the limited liability	
company is formed, and any other pro			
	,		
	·	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	Camplete the short holow	
DO NOT complete the		Manager(s). Complete the chart below.	
	MANAGER(S) NAM	ME ADDRESS	
\rightarrow			
		1	
/			
		Check this box to indicate attachment	
8. Date when these Articles of Organiza	ation will be effective: CHEC	CK ONE BOX ONLY	
✓ Date received (Upon filing)			
The star effective date (Date must be	and then OO down from	· · · · · · · · · · · · · · · · · · ·	
Later effective date (Date must be	<u></u>		
Under penalty of perjury, I declare and a accompanying attachments, and that al	affirm that I have examined Il statements contained here	these Articles of Organization, including any ein are true and correct.	
Name of Authorized Person	Address		
Dale Sowle	23 Pleasant St.	23 Pleasant St.	
City/Town	State	Zip Code	
Westerly	Rhode Island		
Signature of tethorized Person	<u></u>	Date	
		04/16/2025	
	<u> </u>	04/10/2020	

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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:

June 09, 2025 11:49 AM

Gregg M. Amore Secretary of State

Treg M. Coure

