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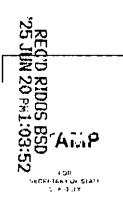


## State of Rhode Island Department of State - Business Services Division

## **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: Qualitas Quonset, LLC 2. The name and address of the initial resident agent/office in Rhode Island is: Agent Name Cogency Global Inc. Street Address (NOT a P.O. Box) 222 Jefferson Boulevard City/Town State Zip Code Warwick 02888 **RHODE ISLAND** 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 2 Commercial Street City/Town State Zip Code Sharon MA 02067

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 <u>7-16</u>, unless a more limited purpose or duration is set forth in

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(B)	BY HACEZ	

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Section 6 of these Articles of Organization.

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:					
To engage in the practice of dentistry.					
			Check this box to indicate attachment		
7. The Limited Liability Company is to be ma	nage	d by its:			
You MUST check one box:					
Members (Owners) OR Manager(s). Complete the chart below.					
	MAI	NAGER(S) NAME	ADDRESS		
	l .	ad Turchetta e Matrullo	360 Kent Drive, East Greenwich, RI 02818 61 Brayton Road, Smithfield, RI 02917		
	3. M	ichael Kacewicz	123 Channel View #2, Warwick, RI 02889		
		C	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				
Dr. Brad Turchetta	360 Kent Drive				
City/Town		State	Zip Code		
East Greenwich		RI	02818		
Signature of Authorized Person			Date		
Dr. Brad Turly Ha	6/19/2025				

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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 20, 2025 01:03 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

