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State of Rhode Island

Department of State - Business Services Division

Articles of Organization

DOMESTIC Limited Liability Company

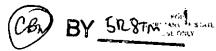
→ Filing Fee: \$150.00

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Pursuant to the provisions of <u>RIGL 7-16</u> , the following Articles of Organization are adopted for the limited liability company to be organized hereby:			
The name of the limited liability company is:			
CHESTNUT HILL ASSOCIATES, LLC			
2. The name and address of the initial resident agent/office in Rhode Island is:			
Agent Name ALFRED A. RUSSO, JR.			
Street Address (NOT a P.O. Box) 1405 PLAINFIELD STREET			
City/Town JOHNSTON	State RHODE ISLAND	Zip Code 02919	
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 76 SUNDALE ROAD			
City/Town CRANSTON	State RI	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 <u>7-16</u> , unless a more limited purpose or duration is set forth in Section 6 of these Articles of Organization.			

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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

	any limitation of the purp	ember(s) elect to have set forth in these Articles lose(s) or duration for which the limited liability an 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 DO NOT complete the chart below. OR Manager(s). 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 accompanying attachments, and that all state				
Name of Authorized Person				
JOHN TURCHETTA	76 Sundale Road			
City/Town	State	Zip Code		
CRANSTON	RI	02920		
Signature of Authorized Person	ı	Date		
& M. M. Viules	ク	7-24-25		

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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:

July 30, 2025 10:41 AM

Gregg M. Amore Secretary of State

Tregs M. Coure

