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

## RECEIVED R.I. DEPT. OF STATE BUS STOS DITTORNO STAMP 2025 OCI -2 A 16: 20

## **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:					
BEACH BLUFF POINT LLC					
The name and address of the initial resident agent/office in Rhode Island is:					
Agent Name  John M. Harpootian					
Street Address (NOT a P.O. Box) 1000 Chapel View Blvd, Suite 220					
City/Town Cranston	State RHODE ISLAND	Zip Code 02920			
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 1967 Mohegan Trail					
City/Town New Shoreham	State Rhode Island	Zip Code 02807			
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.					

MAIL TO:

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

Phone: (401) 222-3040 Website: www.sos.ri.gov OCT 0 2 2025 BY KV JPOTTOP 10:20AP

<u></u>				
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  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 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			
John M. Harpootian	1000 Chapel View Blvd, Suite 220			
City/Town	State		Zip Code	
Cranston	Rhode Island		02920	
Signature of Authorized Person		•	Date / /	
Km. Nuport		9/26/25		

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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:

October 02, 2025 10:20 AM

Gregg M. Amore Secretary of State

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