

State of Rhode Island and Providence Plantations **Department of State - Business Services Division Department of State - Dustries** 148 W. River Street, Providence, Rhode Island 02904-2615 **Phone:** (401) 222-3040 | **Email:** corporations@sos.ri.gov | **Website:** www.sosthigpEB / 3 PH 1: 25

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Articles of Organization **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 comp	any is:	
44 Worthington Realty, LLC		<u> </u>
2. The name and address of the limited	liability company's resident agent in Rhode I	sland is:
Name		
Charles F. Reilly, Esq.		
Street Address (<u>NOT</u> a P.O. Box)		
681 Smith Street		
City/Town Providence	State RHODE ISLAND	Zip Code 02908
3. Under the terms of these Articles of O the limited liability company is intended t	rganization and any written operating agreer o be treated for purposes of federal income	nent made or intended to be made
 a partnership or a corporation or disregarded as an entity sepa 		
4. The address of the principal office of the	ne limited liability company if it is determined	at the time of organization:
Street Address 191 Franklin Road		
City/Town	State	Zip Code
Coventry	Rhode Island	02816
5. The limited liability company has the pu until dissolved or terminated in accordance Section 6 of these Articles of Organization	urpose of engaging in any lawful business, a be with RIGL 7-16, unless a more limited pur n.	nd shall have perpetual existence pose or duration is set forth in
		12.2

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6. Additional provisions, if any,	not inconsistent wi	th la	w, which the me	mber(s) el	lect	to have set forth in these Articles	
company is formed, and any ot	not limited to, any I ther provision which	imit 1 ma	ation of the purp ay be included in	ose(s) or d an operat	tina	ation for which the limited liability	
				Ch	hacl	k this box to indicate attachment	
7. The Limited Liability Compar	iy is to be manage	d by	/:				
You MUST check one box: Vou MUST check one box: Its member(s) (If you have	checked this box,	skip	o to Section 8. D	o not fill o	ut t	he chart below.)	
One (1) or more manager(of Organization, state the n	s) (If the limited lia	bility of e	y company has n ach manager bel	nanager(s) low.)) at	the time of the filing of these Articles	
MANAGER	BUSINESS ADDRESS						
<u></u>						······	
8. Date when these Articles of Organization will be effective: CHECK ONLY ONE BOX							
Date received (Upon filing)			· · · · · · · · · · · · · · · · · · ·			·	
Later effective date (Date n	nust be no more th	an 3	30 days from the	day of filin	ng)	·	
Under penalty of perjury, I decla panying attachments, and that a						Organization, including any accom-	
Name of Authorized Person	an statements come		Address			· · · · · · · · · · · · · · · · · · ·	
Charles F. Reilly, Esq.			681 Smith Street				
City/Town		Sta	te	Zip Code			
Providence Rt		node Island	02908				
Signature of Authorized Person			,,,,_,_,_,,,,,,,,,,,,,,,,,,	L		Date	
Charles Keik						02/04/2017	
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If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.



State of Rhode Island and Providence Plantations **Department of State** | **Office of the Secretary of State Nellie M. Gorbea**, Secretary of State

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island

and Providence Plantations, 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:

Tulli U. Hole

Nellie M. Gorbea Secretary of State

