The Commonwealth of Massachusetts
William Francis Galvin

Minimum Fee: $500.00

Secretary of the Commonwealth, Corporations Division
One Ashburton Place, 17th floor
Boston, MA 02108-1512
Telephone: (617) 727-9640

Certificate of Organization
(General Laws, Chapter)

Identification Number: 001657795

1. The exact name of the limited liability company is: ANCHOR WORKS, LLC

2a. Location of its principal office:

No. and Street: 49 ELM STREET
City or Town: MEDFIELD State: MA Zip: 02052 Country: USA

2b. Street address of the office in the Commonwealth at which the records will be maintained:

No. and Street: 49 ELM STREET
City or Town: MEDFIELD State: MA Zip: 02052 Country: USA

3. The general character of business, and if the limited liability company is organized to render professional service, the service to be rendered:

TO ENGAGE IN THE BUSINESS OF INVESTMENT IN, OWNERSHIP AND DEVELOPMENT OF, REAL ESTATE AND INTEREST THEREIN, INCLUDING BUYING, ACQUIRING, OWNING, OPERATING, SELLING, FINANCING, REFINANCING, DISPOSING OF AND OTHERWISE DEALING WITH INTERESTS IN REAL ESTATE, DIRECTLY OR INDIRECTLY THROUGH JOINT VENTURES, PARTNERSHIPS OR OTHER ENTITIES; AND TO ENGAGE IN ANY ACTIVITIES DIRECTLY OR INDIRECTLY RELATED OR INCIDENTAL THERETO. EIN 93-1354276

4. The latest date of dissolution, if specified:

5. Name and address of the Resident Agent:

Name: CONNOR M. SMITH
No. and Street: 49 ELM STREET
City or Town: MEDFIELD State: MA Zip: 02052 Country: USA

I, CONNOR M. SMITH resident agent of the above limited liability company, consent to my appointment as the resident agent of the above limited liability company pursuant to G. L. Chapter 156C Section 12.

6. The name and business address of each manager, if any:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
MANAGER	CONNOR M. SMITH	49 ELM STREET MEDFIELD, MA 02052 USA

7. The name and business address of the person(s) in addition to the manager(s), authorized to execute documents to be filed with the Corporations Division, and at least one person shall be named if there are no managers.

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
SOC SIGNATORY	CONNOR M. SMITH	49 ELM STREET MEDFIELD, MA 02052 USA

8. The name and business address of the person(s) authorized to execute, acknowledge, deliver and record any recordable instrument purporting to affect an interest in real property:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
REAL PROPERTY	CONNOR M. SMITH	49 ELM STREET MEDFIELD, MA 02052 USA

9. Additional matters:
EIN 93-1354276

SIGNED UNDER THE PENALTIES OF PERJURY, this 17 Day of May, 2023,
CONNOR M. SMITH

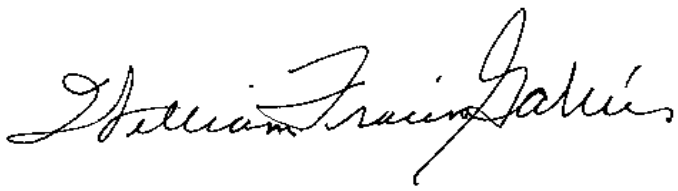
(The certificate must be signed by the person forming the LLC.)

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THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are deemed to have been filed with me on:

May 17, 2023 11:07 AM



WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth