

State of Rhode Island and Providence Plantations Department of State - Business Services Division

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

SECRETARY OF ST CORPORATIONS D

Articles of Organization Limited Liability Company

Filing Fee: \$150.00

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:

to be organized hereby.				
1. The name of the limited liability compa	iny is:			
Henna Rain LLC				
2. The name and address of the limited li	ability compa	ny's resident agent in Rhode Island	dîs	
Name		The second secon	en como diversi en el militare el mitario nueve el escario de ele-	
Reena U. Mistry				
Street Address (<u>NOT</u> a P.O. Box)	······································	, _ ;		
67 Humbolat Ave	enue			
City/Town	State	State RHODE ISLAND	Zip Code	
R Pawtucket	RI		03860	
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 partnership or				
a corporation or				
disregarded as an entity separate from its member				
4. The address of the principal office of th	e limited liabil	lity company if it is determined at the	ne time of organization:	
Street Address			The Assumer of the first of which the second of the second	
1	o de c	determined		
City/Town	State		Zip Code	
			'	
5. The limited liability company has the pu until dissolved or terminated in accordance	irpose of enga	aging in any lawful business, and s	hall have perpetual existence	
Section 6 of these Articles of Organization		TO diness a note in the burbose		
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Form No. 400 Revised: 2015 A-A-4:25pm.

6. Additional provisions, if any, not inconsistent word of Organization, including, but not limited to, any company is formed, and any other provision which	limitation of the purpo	se(s) or duration for which the limited liability
		Check this box to indicate attachment
7. The Limited Liability Company is to be manage	d by:	
You MUST check one box: Its member(s) (If you have checked this box	, skip to Section 8. D o	o not fill out the chart below.)
One (1) or more manager(s) (If the limited lia of Organization, state the name and address		nanager(s) at the time of the filing of these Articles ow.)
MANAGER BUSINESS AT	DRESS	
8. Date when these Articles of Organization will b	e effective: CHECK C	ONLY ONE BOX
Date received (Upon filing)		
Later effective date (Date must be no more t	han 30 days from the	day of filing)
Under penalty of perjury, I declare and affirm that panying attachments, and that all statements con		
Name of Authorized Person	Address	
Reena U. Mistry	67 Hur	uboldt Avenue
City/Town	State	Zip Code
Pawhicket	RI	03860
Signature of Authorized Person		Date
Reever 11 Moty		February 01, 2016

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.

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:

Nellie M. Gorbea
Secretary of State

Tullin U. Horler

