

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

2016 FEB 16	SECRETARY CORPORATI
AM 11: 40	ELVED VY OF STATE ATIONS DIV

## **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 company is:						
JOYFUL GROOMING, LLC						
2. The name and address of the limited liability	company's resident agent in Rhode Island is					
Name						
RENEE PIERRE						
Street Address (NOT a P.O. Box)	1 - 1 - 21 - 21 - 21 - 21 - 21 - 21 - 2	<b>)</b>				
367 SOUTH COUNTY	TRAIL STE. 303	>				
City/Town EXETER State	e RHODE ISLAND	Zip Code O2822				
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):						
<ul> <li>a partnership or</li> <li>a corporation or</li> <li>disregarded as an entity separate fr</li> </ul>	rom its member					
4. The address of the principal office of the limit	ted liability company if it is determined at the ti	me of organization:				
Street Address 567 SOUTH COUN	TY TRAIL, STE, 3	03				
567 SOUTH COUN City/Town EXETER State	RI	Zip Code				
5. The limited liability company has the purpose until dissolved or terminated in accordance with Section 6 of these Articles of Organization.						

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By AC 267638

6. Additional provisions, if any, n of Organization, including, but no company is formed, and any oth	ot limited to, any I	mitation of th	ne purpo	se(s) or durat	ion for w	hich the lim	nese Articles ited liability
				Check	this box	to indicate a	attachment
7. The Limited Liability Company You MUST check one box:	is to be manage	d by:	. A. W. 197		"		
<ul> <li>Its member(s) (If you have of</li> <li>One (1) or more manager(s of Organization, state the national state of the matrix of t</li></ul>	) (If the limited lia	bility compar	ny has m	nanager(s) at t		-	of these Articles
MANAGER	BUSINESS AD	DRESS					
				· · ·			
	· · · · · · · · · · · · · · · · · · ·						
8. Date when these Articles of Or		effective: C					
Date received (Upon filing)	ganzangi in o	cheodre. Of					1799년 1997—11
Later effective date (Date m	ust be no more th	an 30 days f	rom the	day of filing) _			
Under penalty of perjury, I declar panying attachments, and that al	e and affirm that	have exami	ned the	se Articles of C	Drganiza	tion, includi	ng any accom-
Name of Authorized Person	r statements cont	Address	•••••			<u>.</u>	mnn
RENEE PIERRE			567	-SOUT	H ( U	UNTY	TRAIL
City/Town EXETER		State RI	-	Zip Code	287	2	
Signature of Authorized Person	re				Date	2/10	16

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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

