

## 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

RECEIVED
SECRETARY OF STATE
CORPORATIONS 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 compa	ny is:		
Distinctive Da	ance Etc. LLC		
2. The name and address of the initial res	sident agent/office in Rhode Island is:		
Name Stacy A Capone			
Street Address (NOT a P.O. Box)	1		
126 Chapmais	AVL		
City/Town Warwick	State RHODE ISLAND	Zip Code 02886	
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 <b>or</b> a corporation <b>or</b> disregarded as an entity separ	rate from its member		
4. The address of the principal office of the limited liability company if it is determined at the time of organization:			
Street Address 2765 Past Rac	1		
City/Town Warwick	State	Zip Code 02886	
5. The limited liability company has the puuntil dissolved or terminated in accordance Section 6 of these Articles of Organization	urpose of engaging in any lawful business, and shall ha se with RIGL <u>7-16,</u> unless a more limited purpose or du n.	ive perpetual existence ration is set forth in	

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of Organization, including, but no	ot inconsistent with law, which the member(s) elect to have set forth in these Articles of limited to, any limitation of the purpose(s) or duration for which the limited liability er provision which may be included in an operating agreement:
NIA	
	Check this box to indicate attachment
7. The Limited Liability Company	is to be managed by:
You MUST check one box: Its member(s) (If you have o	checked this box, skip to Section 8. <b>Do not</b> fill out the chart below.)
	) (If the limited liability company has manager(s) at the time of the filing of these Articles me and address of each manager below.)
MANAGER	ADDRESS
8. Date when these Articles of Or	ganization will be effective: CHECK ONLY ONE BOX
Date received (Upon filing)	
Later effective date (Date me	ust be no more than 30 days from the day of filing)
	e and affirm that I have examined these Articles of Organization, including any that all statements contained herein are true and correct.
Name of Authorized Person Stacy A Capor	ne 126 Chaphians Ave
City/Town Warwick	State Zip Code 02886
Signature of Authorized Person	2 Capril Date 4/14/2016
7	

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

