

 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

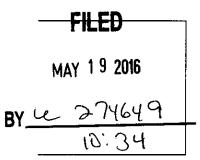
Articles of Organization DOMESTIC Limited Liability Company Filing Fee: \$150.00

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Pursuant to the provisions of RIGL <u>7-16</u>, 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:							
Hair Couture Salon, LLC							
2. The name and address of the initial resident agent/office in Rhode Island is:							
Name Bleene L. Monnah Pitts							
Street Address (<u>NOT</u> a P.O. Box) 820 Park Avenue							
City/Town Cranston	State RHODE ISLAND	Zip Code 02910					
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 the limited liability company if it is determined at the time of organization:							
Street Address 50 Rotary Drive							
City/Town Johnston	State RI	Zip Code 02919					
5. The limited liability company has the purpose of engaging in any lawful business, and shall have perpetual existence until dissolved or terminated in accordance with RIGL <u>7-16</u> , unless a more limited purpose or duration is set forth in Section 6 of these Articles of Organization.							



6. Additional provisions, if any, no of Organization, including, but no							
company is formed, and any othe							
				Check this	s 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 c	hecked this box,	skip	to Section 8. De	not fill out the c	hart below.)		
One (1) or more manager(s) of Organization, state the na	(If the limited lia me and address	bility of ea	company has n ach manager bel	nanager(s) at the ow.)	time of the filing of these Articles		
MANAGER	ADDRESS						
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P. Data when these Articles of Os							
8. Date when these Articles of Or	ganization will be	eπe		ONLY ONE BOX	····		
✓ Date received (Upon filing)							
Later effective date (Date mu	ist be no more th	an 3	0 days from the	day of filing)			
Under penalty of perjury, I declare	and affirm that I	l hav	e examined the	se Articles of Orga	anization, including any		
accompanying attachments, and in Name of Authorized Person	inal all statement	is co	Address	re true and corre			
Bleene L. Monnah Pitts			820 Park Avenue				
		Stat	le	Zip Code			
Cranston		RI		02910			
Signature of Authorized Person)			Date X 5-17-16			

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

