

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

## RECEIVED SECRETARY OF STATE CORPORATIONS DIV

2016 SEP 16 AM 10: 40

## **Articles of Organization**

**DOMESTIC Limited Liability Company** 

→ Filing Fee: \$150.00

Pursuant to the provisions of RIGL <u>7-16</u> , the following Articles of Orgathe limited liability company to be organized hereby:	inization are adopted for						
The name of the limited liability company is:							
Ello Pretty IIC							
2. The name and address of the initial resident agent/office in Rhode Island is:							
Name							
Dessica Conittydon Whitt	ington						
Street Address (NOT a P.O. Box)  Street Address (NOT a P.O. Box)  City/Town  State  Zin Code							
32lm (and (Por	xx 858 )						
City/Town	Cidic	Zip Code					
(Lendale)	RHODE ISLAND	03826					
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):							
partnership <b>or</b>							
a corporation <b>or</b>							
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							
CONAller Chrit # 108							
City/Town 💍	State	Zip Code					
Providence	24	00909					
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.							
		OP:01					

FILED

SEP 16 2016

By Le 283686

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov

6. Additional provisions, if any, no of Organization, including, but no company is formed, and any other	ot limited to, any limitati	ion of	the purpose(s) or duration	on for whic	ch the limited liability	
7. The Limited Liability Company	is to be managed by:		Check	this box to	indicate attachment.	
You MUST check one box:	to to be managed by.					
Its member(s) (If you have o	checked this box, skip t	to Sec	ction 8. <b>Do not</b> fill out the	chart bel	ow.)	
One (1) or more manager(s) (If the limited liability company has manager(s) at the time of the filing of these Articles of Organization, state the name and address of each manager below.)						
MANAGER	ADDRESS				100	
- -	Ţ					
<del>-</del>	†			-		
8. Date when these Articles of Organization will be effective: CHECK ONLY ONE BOX						
Date received (Upon filing)						
Later effective date (Date must be no more than 30 days from the day of filing)						
Under penalty of perjury, I declar accompanying attachments, and					n, including any	
Name of Authorized Person		Addres	ss			
Jessia Whiltater	$\sim$	39	Eas) mis	CP.	obox asx)	
City/Town G			State	Zip (	Code	
(Levolal o			RQ		282G	
Signature of Authorized Person				Date		
Lassea Whe	Huker				9/15/2016	
,)	· \				-	

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

