



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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2016 DEC 18 AM 11:29

Articles of Organization

DOMESTIC 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: Spa Therapy by Shantael, LLC		
2. The name and address of the initial resident agent/office in Rhode Island is:		
Name Shantael Clewis		
Street Address (NOT a P.O. Box) 419 DOUGLAS AVE #2		
City/Town Providence	State RHODE ISLAND	Zip Code 02908
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):		
<input type="checkbox"/> partnership or <input type="checkbox"/> a corporation or <input checked="" type="checkbox"/> 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 419 DOUGLAS AVE		
City/Town Providence	State RI	Zip Code 02908
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.		

FILED ✓

DEC 08 2016

BY Ca 290337

11:29

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, not inconsistent with law, which the member(s) elect to have set forth in these Articles of Organization, including, but not limited to, any limitation of the purpose(s) or duration for which the limited liability company is formed, and any other provision which may be included in an operating agreement:

Check this box to indicate attachment. ☐

7. The Limited Liability Company is to be managed by:

You MUST check one box:

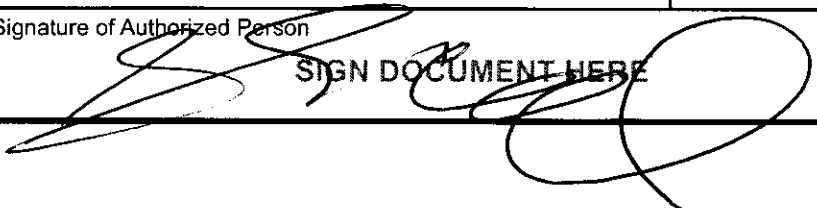
- ☐ Its member(s) (If you have checked this box, skip to Section 8. **Do not** fill out the chart below.)
- ☒ One (1) or more manager(s) (If the limited liability company has manager(s) at the time of the filing of these Articles of Organization, state the name and address of each manager below.)

MANAGER	ADDRESS
Shantael Clewis	619 Douglas Ave Providence RI 02908

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) Jan 2, 2017

Under penalty of perjury, I declare and affirm that I have examined these Articles of Organization, including any accompanying attachments, and that all statements contained herein are true and correct.

Name of Authorized Person		Address	
Shantael Clewis		619 DOUGLAS Ave	
City/Town	State	Zip Code	
Providence	RI	02908	
Signature of Authorized Person			Date
 SIGN DOCUMENT HERE			12-8-16