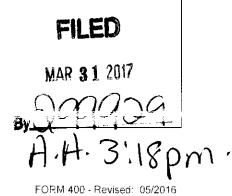
State of Rhode Island and Providence Plantations Department of State - Business Services Division		R.I. DE BUSS		
Articles of Organization DOMESTIC Limited Liability Company → Filing Fee: \$150.00		RUCEIVED EPT.OF STAT S SVCS DIV R 31 PH 3:		
Pursuant to the provisions of RIGL <u>7-16</u> , the following Articles of Organization are adopted for the limited liability company to be organized hereby:				
1. The name of the limited liability company is:				
Blue Hookigh Lounge UC				
2. The name and address of the initial resident agent/office in Rhode Island is: Name				
Miguelina Ruiz Street Address (NOT a P.O. Box)				
108 Providence st				
City Iown	State	Zip Code		
Providence	RHODE ISLAND	07907		
 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 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				
1285C PARK AVE				
City/Town	State	Zip Code		
Cranston	RI	02920		
5. The limited liability company has the purpose of engaging in any la until dissolved or terminated in accordance with RIGL <u>7-16</u> , unless a Section 6 of these Articles of Organization.				

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 t	pox 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				
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 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	A	Address			
Miguelina Ruiz 108 Providence St City/Town State Zip Code Providence R.I. 02970					
City/Town		State	Zip Code		
pur l'élènce		RI	62920		
Signature of Authorized Person		Date			
C CIGN	DOCUMENT HER	yoon Kee Aan	4-1-17		

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:

March 31, 2017 03:18 PM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

