RI SOS Filing Number: 201741692800 Date: 4/25/2017 2:13:00 PM

State of Rhode Island and Providence Plantations Department of State - Business Services Division	on	2017 APR					
Articles of Organization DOMESTIC Limited Liability Company		3 <i>V</i>	EPT. D				
→ Filing Fee: \$150.00		s div	ATS				
Pursuant to the provisions of RIGL $7-16$, the following Articles of Orga the limited liability company to be organized hereby:	nization are adopted for	<u></u> <u></u> <u> </u>	昷				
The name of the limited liability company is:							
THE SAFARI HAIR SALON LLC							
The name and address of the initial resident agent/office in Rhode Island is:							
Name Linda Béardon							
Street Address (NOT a P.O. Box) OCK Cind V	fue.						
city/Town - Warwick	State RHODE ISLAND	Zip Code					
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 or							
a corporation or							
disregarded as an entity separate from its member							
4. The address of the principal office of the limited liability company it	it is determined at the time	of organization:	_				
Street Address 2 MARKET S+							
City/Town	State	Zip Code					
WARREN	14	02885					
5. The limited liability company has the purpose of engaging in any launtil dissolved or terminated in accordance with RIGL 7-16, unless a Section 6 of these Articles of Organization.	wful business, and shall ha more limited purpose or du	ive perpetual existence ration is set forth in	æ				

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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

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6. Additional provisions, if any, not inconsisten	d with low whi	ab the manufacture		
of Organization, including, but not limited to, a company is formed, and any other provision w	וה מהנוציאוזווו עוז	THE DISTRIBUTE OF A	disposing security that the second	cles lity
· ·				
		c	heck this box to indicate attachme	ent.
7. The Limited Liability Company is to be mana	iged by:			
You MUST check one box: Its member(s) (If you have checked this both	ox, skip to Sec	tion 8. Do not fill o	uit the chart below	
One (1) or more manager(s) (If the limited	liability compa	env has managerie		A etiotos
of Organization, state the name and addre	ss of each ma	nager below.)	y at the time of the ming of these y	-tiudes
MANAGER ADDRESS				
LINDA KERROOW K OK	MUANO	AUE (1)	Anwick RIO288	9
			10000	
8. Date when these Articles of Organization will	be effective: C	HECK ONLY ONE	BOX	
Date received (Upon filing)			,	
Later effective date (Date must be no more	than 30 days	From the day of Elim		
Under penalty of perjury, I declare and affirm that				
accompanying attachments, and that all stateme	ents contained	ned inese Anicies herein are true an	of Organization, including any d correct.	ŀ
Name of Authorized Person	Address			
Lax Rena	18	Pallan	a.	j
Otty/Town	s	ate	Zip Code	
Warren		10	02889	
ignature of Authorized Person			D-4-	
The Real			4/65/17	

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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:

April 25, 2017 02:13 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

