

No Filing Fee (See Instructions)

ID Number: _____



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

2017 APR 25 PM 2:13

RI DEPT. OF STATE
BUS SVCS DIV

CERTIFICATE OF CONVERSION

THE SAFARI HAIR SALON LLC

(Insert full name of the entity following the conversion)

SECTION I: TO BE COMPLETED BY ALL CONVERTING ENTITIES

Pursuant to the applicable provisions of the Rhode Island General Laws, 1956, as amended, the undersigned (**check one box only**):

- ☐ "Other entity" or ☐ Business Corporation or ☒ Sole Proprietorship or
☐ Partnership (General, Limited, or Limited Liability Partnership) or ☐ Limited Liability Company

submits the following Certificate of Conversion for the purpose of converting to a (**check one box only**):

- ☐ Limited Partnership or ☒ Limited Liability Company or ☐ Business Corporation or
☐ Limited Liability Partnership

a. The name of the converting entity filing this Certificate of Conversion is:

SAFARI

b. The date on which the converting entity was first created, formed, or otherwise came into being is:

10/21/1976

c. The jurisdiction where the converting entity was first created, formed, or otherwise came into being is:

WARREN RHODE ISLAND 02885

d. If the jurisdiction of the converting entity has changed since it was first created, state the jurisdiction of the entity immediately prior to the filing of the Certificate of Conversion: _____

e. The name of the limited partnership or limited liability company or business corporation or limited liability partnership following the conversion is:

THE SAFARI HAIR SALON LLC

f. The certificate of conversion is filed as an accompanying certificate to the ☐ certificate of limited partnership or ☒ articles of organization or ☐ articles of incorporation or ☐ application for registered limited liability partnership (**check one box only**) of the converting entity.

FILED

APR 25 2017

BY

KL 302038

2:13

- g. This conversion has been approved in the manner provided for by the document, instrument, agreement or other writing, as the case may be, governing the internal affairs of the entity and the conduct of its business or by applicable law, as appropriate, and the ☐ partnership agreement or ☐ limited liability company agreement or ☐ articles of incorporation (**check one box only**) shall be approved by the same authorization required to approve the conversion.
- h. The future date or time certain of the conversion to a ☐ limited partnership or ☒ limited liability company or ☐ business corporation or ☐ limited liability partnership (**check one box only**) is to become effective, if later than the date of filing of the certificate of conversion and the ☐ certificate of limited partnership or ☐ articles of organization of a limited liability company or ☐ articles of incorporation or ☐ application for registered limited liability partnership (**check one box only**) is:

SECTION II: TO BE COMPLETE BY ALL CONVERTING ENTITIES

Under penalty of perjury, I/we declare and affirm that I/we have examined this Certificate of Conversion, including any accompanying attachments, and that all statements contained herein are true and correct and that the undersigned is authorized to sign this certificate on behalf of the entity set forth in Section 1A.

Date: 4/25/17

Print Name of Other Entity
By: *Lina Reardon*
Signature of Authorized Person
By: _____
Signature of Authorized Person

OR

Print Name of Partnership
By: _____
Signature of Partner
By: _____
Signature of Partner
By: _____
Signature of Partner

Print Name of Corporation
By: _____
Signature of Authorized Person
By: _____
Signature of Authorized Person

OR

Print Name of Sole Proprietorship
By: _____
Signature of Sole Proprietor

OR

THE SAFARI Hair Salon
Print Name of Limited Liability Company
By: *Lina Reardon*
Signature of Authorized Person
By: _____
Signature of Authorized Person



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:

April 25, 2017 02:13 PM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

