RI SOS Filing Number: 201742643360 Date: 5/1/2017 3:04:00 PM

State of Rhode Island and Providence Plantations  Department of State - Business Services Division	R.I. DAPA BUS SV		
Articles of Organization DOMESTIC Limited Liability Company		<del>-</del>	
→ Filing Fee: \$150.00		PM 3:	
Pursuant to the provisions of RIGL <u>7-16</u> , the following Articles of Orgathe limited liability company to be organized hereby:	-04 TE		
The name of the limited liability company is:			
Aesthetic Metal Works, LLC			
2. The name and address of the initial resident agent/office in Rhode	Island is:		
Name Cort B. Chappell, Esquire			
Street Address ( <u>NOT</u> a P.O. Box) <b>171 Chase Road</b>			
City/Town Portsmouth	State RHODE ISLAND	Zip Code <b>02871</b>	
<ol><li>Under the terms of these Articles of Organization and any written the limited liability company is intended to be treated for purposes of</li></ol>			
partnership or			
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 i	f it is determined at the time	of organization:	
Street Address P.O. Box 6884			
City/Town Providence	State RI	Zip Code <b>02940</b>	
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.			

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MAIL TO:

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

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

BY 302682

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:				
The I had a likely Company	- t- t		Check this box to indicate attachment.	
7. The Limited Liability Company	is to be managed by.			
You MUST check one box:    Volume				
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	Address			
Robert Sweet	P	P.O. Box 6884		
City/Town		State	Zip Code	
Providence		RI	02940	
Signature of Authorized Person	THE SOUMERS PE	ŒRE	Date 5/1/17	

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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:

May 01, 2017 03:04 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

