RI SOS Filing Number: 201747208780 Date: 7/10/2017 11:05:00 AM



State of Rhode Island and Providence Plantations Department of State - Business Services Division

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

R.I. DEPT. OF STATE BUS SVCS DIV

Articles of Organization DOMESTIC Limited Liability Company

Filing Fee: \$150.00

to be organized hereby:	mited liability company
The name of the limited liability company is:	
Danceworks School of Dance Education LLC	
2. The name and address of the initial resident agent/office in Rhode Island is:	
Name Alexandra Kotuby	
Street Address (NOT a P.O. Box)	

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):

RHODE ISLAND

State

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

City/Town

62 Gooding Avenue

56 Hopeworth Avenue

a partnership or a corporation or

City/TownStateZip CodeBristolRhode Island202809

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.

JUL 10 2017
BY Ch 307856
11:05

Zip Code

Form No. 400 Revised: 2016

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 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 filling) Under penalty of perjury, I declare and effirm 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 Alexandra Kotuby City/Town Bristol Check this box to indicate attachment. Check this box to indicate attachment.	6 Additional provisions if any	not inconsistent w	th Is	w which the me	mber(s) also	t to have set forth in these Articles	
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 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 conteilined herein are true and correct. Name of Authorized Person Address Alexandra Kotuby City/Town Bristol Signature of Authorized Person Date							
7. The Limited Liability Company is to be managed by: You MUST check one box: It is 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 affachments, and that all statements contained herein are true and correct. Name of Authorized Person Alexandra Kotuby State RI Date Date				-y	un operating	y agreement.	
7. The Limited Liability Company is to be managed by: You MUST check one box: It is 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 affachments, and that all statements contained herein are true and correct. Name of Authorized Person Alexandra Kotuby State RI Date Date							
7. The Limited Liability Company is to be managed by: You MUST check one box: It is 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 affachments, and that all statements contained herein are true and correct. Name of Authorized Person Alexandra Kotuby State RI Date Date							
7. The Limited Liability Company is to be managed by: You MUST check one box: It is 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 affachments, and that all statements contained herein are true and correct. Name of Authorized Person Alexandra Kotuby State RI Date Date							
7. The Limited Liability Company is to be managed by: You MUST check one box: It is 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 affachments, and that all statements contained herein are true and correct. Name of Authorized Person Alexandra Kotuby State RI Date Date							
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 Alexandra Kotuby State RI Zip Code 02809 Date					Chec	k this box to indicate attachment.	
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	7. The Limited Liability Compan	y is to be manage	d by	<u> </u>			
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 attechments, and that all statements contained herein are true and correct. Name of Authorized Person Address State Zip Code Date							
MANAGER ADDRESS 8. Date when these Articles of Organization will be effective: CHECK ONLY ONE BOX Later effective date (Date must be no more than 30 days from the day of 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 Alexandra Kotuby State RI Date Date	is member(s) (ii you have	checked this box,	SKI	o to Section 6. Di	O HOLIM OUL	the chan below.)	
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 Alexandra Kotuby State RI Zip Code RI Date	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.)						
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 56 Hopeworth Avenue City/Town Bristol State RI Zip Code 02809	MANAGER	ADDRESS					
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 56 Hopeworth Avenue City/Town Bristol State RI Zip Code 02809							
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 56 Hopeworth Avenue City/Town Bristol State RI Zip Code 02809							
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 56 Hopeworth Avenue City/Town Bristol State RI Zip Code 02809							
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 56 Hopeworth Avenue City/Town Bristol State RI Zip Code 02809							
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 56 Hopeworth Avenue City/Town Bristol State RI Zip Code 02809							
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 56 Hopeworth Avenue City/Town Bristol State RI Zip Code 02809	···						
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 56 Hopeworth Avenue City/Town Bristol State RI Zip Code 02809							
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 56 Hopeworth Avenue City/Town Bristol State RI Zip Code 02809 Date	8. Date when these Articles of Organization will be effective: CHECK ONLY ONE BOX						
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 56 Hopeworth Avenue City/Town State RI Zip Code 02809 Date	✓ Date received (Upon 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 56 Hopeworth Avenue City/Town State RI Zip Code 02809 Date	The affective date (Date must be no more than 30 days from the day of filling)						
Address Alexandra Kotuby City/Town Bristol Signature of Authorized Person Address Signature of Authorized Person Address State RI Date							
Alexandra Kotuby City/Town Bristol Signature of Authorized Person Address 56 Hopeworth Avenue Zip Code 02809 Date	accompanying attachments, and	re and aπirm that . I that all statemen	nav Is co	/e examined thes Intained herein a	se Articles of ire true and c	Organization, including any correct.	
City/Town Bristol State RI Zip Code 02809 Date	Name of Authorized Person	Activities with the Property and					
Bristol RI 02809 Signature of Authorized Person Date	Mexandra Kotuby 56 Hopeworth Avenue						
Signature of Authorized Person Date	City/Town		Sta	ie	Zip Code		
	Bristol		RI		02809		
(1111 AVA) / FATAIL 7/5/17	Signature of Authorized Person					Date	
Marine 1 20 most	Cleyand	Kohio	4	/: 		7/5/17	

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.

RI SOS Filing Number: 201747208780 Date: 7/10/2017 11:05:00 AM



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:

July 10, 2017 11:05 AM

Nellie M. Gorbea
Secretary of State

Tullin U. Soler

