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

STAMP

Articles of Organization
DOMESTIC Limited Liability Company
Filing Fee: $150.00

Pursuant to the provisions of RIGL 7-16, 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:

Happy Smile, LLC

2. The name and address of the initial resident agent/office in Rhode Island is:

Name
Sora Park

Street Address (NOT a P.O. Box)
215 Poplar Drive

City/Town	State	Zip Code
Cranston	**RHODE ISLAND**	**02920**

3. Under the laws of these Articles of Organization and any written operating agreement entered into by the limited liability company, it is proposed to be treated for purposes of federal income tax as (check one box):

- ☐ a 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 formation:

Street Address
885 Smithfield Avenue

City/Town	State	Zip Code
Lincoln	**Rhode Island**	**02865**

5. The limited liability company has the purpose of engaging in any lawful business, and shall have perpetual existence and dissolved or terminated in accordance with RIGL 7-16, unless a more limited purpose or duration is set forth in Section 6 of these Articles of Organization.

11:30

FILED
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DEC - 6 2017
BY 3192205

Form No. 400
Revised: 2016

The purpose of the LLC shall be the provision of dental and related services

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.)

NAME(S)	ADDRESS

8. Effective Date of 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
Jong Hoon Park, DMD	**40 Nouvelle Way North 117**

City/Town	State	Zip Code
Natick	**MA**	**01760**

Signature of Authorized Person	Date
SIGN DOCUMENT HERE	**4 December 2017**

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:

December 06, 2017 11:30 AM

Nellie M. Gorbea
Secretary of State