



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

FOR
 SECRETARY OF STATE
 USE ONLY

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 office and principal office of the limited liability company is Name Sora Park Street Address (NOT a P.O. Box) 215 Poplar Drive <table border="1"> <tr> <td>City/Town Cranston</td> <td>State RHODE ISLAND</td> <td>Zip Code 02920</td> </tr> </table>			City/Town Cranston	State RHODE ISLAND	Zip Code 02920
City/Town Cranston	State RHODE ISLAND	Zip Code 02920			
☐ a partnership or ☒ a corporation or ☐ disregarded as an entity separate from its member					
3. The principal office of the limited liability company is Street Address 885 Smithfield Avenue <table border="1"> <tr> <td>City/Town Lincoln</td> <td>State Rhode Island</td> <td>Zip Code 02865</td> </tr> </table>			City/Town Lincoln	State Rhode Island	Zip Code 02865
City/Town Lincoln	State Rhode Island	Zip Code 02865			
4. The limited liability company has the purpose of engaging in any lawful business and shall carry on such business and conduct its affairs in accordance with RIGL 7-16, unless a more limited purpose or business is set forth in Sections of these Articles of Organization.					

2017 DEC - 6
 11:30
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FILED

DEC - 6 2017

BY AP 319205

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.)

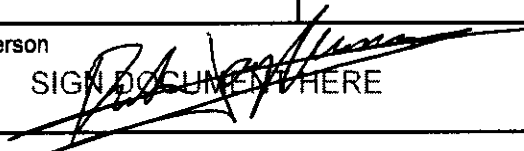
NAME	ADDRESS

8. The effective date of the Organization will be effective 01/24/2018 (01/24/2018)

☒ **Date received (Upon filing)**

☐ **Later effective date** (Date must be no more than 30 days from the day of filing) _____

I, the undersigned, 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 Jong Hoon Park, DMD		Address 40 Nouvelle Way North 117	
City/Town Natick	State MA	Zip Code 01760	
Signature of Authorized Person  SIGN DOCUMENT HERE		Date 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

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

