State of Rhode Island and Providence Plantations Department of State - Business Services Divisi	on	2010 MAR 22
Articles of Organization		PH
DOMESTIC Limited Liability Company		
→ Filing Fee: \$150.00		STATE S DIV
Pursuant to the provisions of RIGL , the following Articles of Orga the limited liability company to be organized hereby:	nization are adopted for	
1. The name of the limited liability company is:		
The Mindful Body, LLC		
2. The name and address of the initial resident agent/office in Rhode	Island is:	
Agent Name Laura H Murphy		
Street Address (NOI a P.O. Box) 71 Fales Avenue		
City/Town Barrington	State RHODE ISLAND	Zip Code 02806
 Under the terms of these Articles of Organization and any written the limited liability company is intended to be treated for purposes of 		
partnership or		
a corporation or		
K disregarded as an entity separate from its member(s)		
4. The address of the principal office of the limited liability company,	if it is determined at the time	e of organization:
Street Address NOT Yet defermined.		
City/Town Barrington	State RL	Zip Code 02806
5. The limited liability company has the purpose of engaging in any I until dissolved or terminated in accordance with RIGL , unless a Section 6 of these Articles of Organization.	awful business, and shall ha more limited purpose or du	

MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.ri.gov

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6. Additional provisions, if any, not consistent 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:					
			(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 of	checked this box, skip t	to Se	ction 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				
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8. Date when these Articles of O	roanization will be effe	ctive:	CHECK ONE BO	CONLY	
Date received (Upon filing)					
Later effective date (Date must be no more than 30 days from the date 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					
Laura H Murphi	71 Fales Avenue				
City/Town	· · · · · · · · · · · · · · · · · · ·		State	Zip Code	
Barrington			RI	02806	
Signature of Authorized Person	<i>i</i> . i .			Date	
Laura H Musphy 32218					

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:

March 22, 2018 01:54 PM

Tulli U. Kolen

Nellie M. Gorbea Secretary of State

