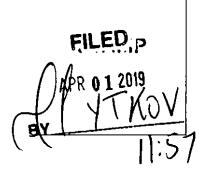
1

State of Rhode Island and Providence Plantations Department of State - Business Services Division Articles of Organization DOMESTIC Limited Liability Company → Filing Fee: \$150.00		SECRETARY OF SATE SCORPORATIONS AT STATE
Pursuant to the provisions of RIGL <u>7-16</u> , 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: MICKEY'S BEAUTY BAR LC	- ·	
2. The name and address of the initial resident agent/office in Rhode	Island is:	
Agent Name MARELINE DEFEX		
Street Address (<u>NOT</u> a P.O. Box) 116 BEAUFORT ST.		
City/Town PROVIDENCE	State RHODE ISLAND	Zip Code OZ908
3. Under the terms of these Articles of Organization and any written of the limited liability company is intended to be treated for purposes of		
 partnership or a corporation or 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 165 Atwers AVE.		
City/Town PROVIDENCE	State RT	Zip Code OZ903
5. The limited liability company has the purpose of engaging in any la until dissolved or terminated in accordance with RIGL <u>7-16</u> , unless a Section 6 of these Articles of Organization.		

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

-



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:				
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			
ROB CAPPULLEUI MARELENE VEFEX	110 BEAUF	orr St. Providence	RE 02908	
ROB CAPPULLEUI 116 BEAUFORT St. PROVIDENCE RE 02908 MARELENE VEFEX 116 BEAUFORT St. PROVIDENCE RE 02908				
8. Date when these Articles of Organization will be effective: CHECK ONE BOX ONLY				
Date received (Upon filing) Later effective date (Date must be no more than 90 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				
MARAINE DEFEX 116 BEAUFORT St.				
City/Town		State	Zip Code	
ROUTVENCE		RI	02908	
Signature of Authorized Person	velseta	/ HERE	Date 4/1/19	

``



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:

April 01, 2019 11:57 AM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

