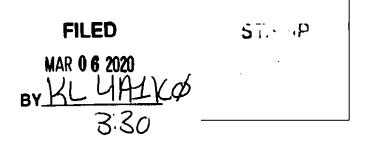
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	BUS	S S <u>VCS DIV</u>			
State of Rhode Island and Providence Plantations					
Department of State - Business Services Division	2020 MAR	Я-ЪР3:30 <sup>т</sup>			
Articles of Organization DOMESTIC Limited Liability Company		STACP			
→ Filing Fee: \$150.00		<b>.</b> .			
		. •			
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:					
Stella's Caribbean Cleamery, LLC					
2. The name and address of the initial resident agent/office in Rhode	Island is:				
Agent Name Kellyann Oliver					
$\underline{-}$ Street Address (NOT a P.O. Box)					
355 Hope Furnace Rd.					
City/Town	State	Zip Code			
Hope	RHODE ISLAND	02831			
<ol><li>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):</li></ol>					
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 of organization: Street Address					
250 Main St unit 9.					
City/Town	State	Zip Code			
rounner	<u>N</u> +	02860			
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.					

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 inconsistent 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 h	ox to indicate attachment 🗔	
7. The Limited Liability Company is to be managed by.					
You <b>MUST</b> 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 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			
Kellyun Oliver 355 Hope Furnace ed.					
City/Town 🗸		State		Zip Code	
Appe		RI		02831	
Signature of Authorized Person	SN DOCUMENT HEF	RE		Date 36/2020	

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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.

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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 06, 2020 03:30 PM

Tulli U. Kolen

Nellie M. Gorbea Secretary of State

