



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

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R.I. DEPT. OF STATE  
BUS SVCS DIV

2020 JUN -8 AM 10:34

**Certificate of Correction**

Limited Liability Company

→ Filing Fee: \$50.00 NO Fee Per CCP

Pursuant to the provisions of RIGL 7-16-13 the undersigned limited liability company hereby submits the following Certificate of Correction:

1. Entity ID Number: <b>001707569</b>	2. The name of the limited liability company is: <b>PYRA BEAUTY LLC</b>
3. The document to be corrected is: <b>ARTICLES OF ORGANIZATION</b>	
4. The name of each party to the document being corrected is: <b>ANGELICA ROMERO</b>	
5. The date the document being corrected was originally filed on: <b>05-11-2020</b>	
6. The typographical error, error of transcription or other technical error, or the defect in the execution of the document is: <b>ENTITY WAS FILED AS AN L3C INSTEAD OF LLC</b>	
Check the box to indicate an attachment <input type="checkbox"/>	
7. The new corrected portion of the document states as follows: <b>Should be a LLC.</b>	
Check the box to indicate an attachment <input type="checkbox"/>	

**MAIL TO:**

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

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**KL 10:34**

8. As required by RIGL 7-16-67, the entity has paid all fees and taxes.

*Under penalty of perjury, I declare and affirm that I have examined this Certificate of Correction, including any accompanying attachments, and that all statements contained herein are true and correct.*

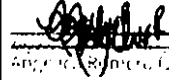
Type or Print Name of Limited Liability Company

PYRA BEAUTY LLC

Date

6/8/2020

Signature of Authorized Person

  
\_\_\_\_\_  
Any electronic signature must be dated 10 CDT.

SIGN DOCUMENT HERE



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**Articles of Organization**

DOMESTIC Limited Liability Company

→ Filing Fee: ~~\$150.00~~ NO Fee- RIR CCA

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:

**PYRA BEAUTY LLC**

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

Agent Name

ANGELICA ROMERO

Street Address (NOT a P.O. Box)

55 SHAWMUT AVE

City/Town

CENTRAL FALLS

State

**RHODE ISLAND**

Zip Code

02863

3. 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**):

☐

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

55 SHAWMUT AVE

City/Town

CENTRAL FALLS

State

**RHODE ISLAND**

Zip Code

02863

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 7-16, unless a more limited purpose or duration is set forth in Section 6 of these Articles of Organization.

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148 W. River Street, Providence, Rhode Island 02904-2615

**Phone:** (401) 222-3040

**Website:** [www.sos.ri.gov](http://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.

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.)

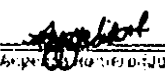
MANAGER	ADDRESS

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 ANGELICA ROMERO		Address 55 SHAWMUT AVE	
City/Town CENTRAL FALLS		State RI	Zip Code 02863
Signature of Authorized Person  ANGELICA ROMERO			Date June 8 2020

SIGN DOCUMENT HERE