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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

2020 OCT 15 P 3:25

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:

Spacewalker Cosmetics LLC

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

Name : Alicia Lefebvre

Street Address (NOT a P.O. Box) 9 Oak street, Apt5

City/Town : North Providence

State
RHODE ISLAND

Zip Code : 02911

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

4. The address of the principal office of the limited liability company if it is determined at the time of organization:

Street Address : 662 Bullocks Point Ave

City/Town : East Providence

State : Rhode Island

Zip Code : 02915

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.

FILED ✓

OCT 15 2020

BY CH VTORN
3:25**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 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 box to indicate attachment. ☐

7. The Limited Liability Company is to be managed by:

You MUST check one box:

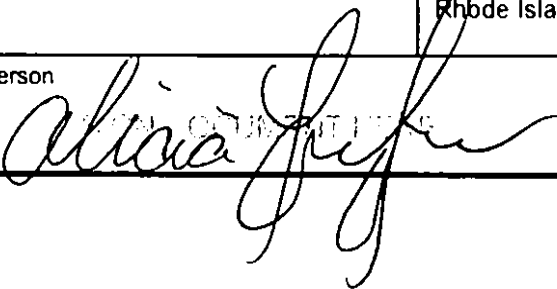
- ☒ Its member(s) (If you have checked this box, skip to Section 8. Do not fill out the chart below.)
- ☐ One (1) or more manager(s) (If the limited liability company has manager(s) at the time of the filing of these Articles of Organization, state the name and address of each manager below.)

MANAGER	ADDRESS

8. Date when these Articles of Organization will be effective: **CHECK ONLY ONE BOX**

- ☒ Date received (Upon filing)
- ☐ Later effective date (Date must be no more than 30 days from the day 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		
Alicia lefevre	9 Oak street, Apt5		
City/Town	State	Zip Code	
North Providence	Rhode Island	02911	
Signature of Authorized Person			Date
			10/15/2020



State of Rhode Island

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,
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:

October 15, 2020 03:25 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea

Secretary of State

