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State of Rhode Island

R.I. DEPT. OF STATE

Department of State - Business Services Division

2020 KOV -2 P 3: 35

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:

are minice needing company to be organized hereby.		·		
The name of the limited liability company is:				
Relentless Boutique, LLC				
2. The name and address of the initial resident agent/office in Rhode Island is:				
Agent Name Sara-Nicor Dattoli				
Street Address (NOT a P.O. Box) 33 Poonell Road				
EWEST GREENWICH	State RHODE ISLAND	Zip Code		
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 23 ROONEIL ROOD				
City/Town West Green Will	State	Zip Code Od 817		
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

6. Additional provisions, if any, i	not consistent with law, v	which the member(s) elec	to have set forth in these Articles
company is formed, and any other	not limited to, any limitation in the control of th	on of the purpose(s) or dube included in an operation	ration for which the limited liability ng agreement:
		Ch	eck this box to indicate attachment
7. The Limited Liability Compan	y is to be managed by:		- · · · · · · · · · · · · · · · · · · ·
You MUST check one box: Its member(s) (If you have	checked this box, skip t	o Section 8. Do not fill ou	t the chart below.)
One (1) or more manager(of Organization, state the n			at the time of the filing of these Article
MANAGER	ADDRESS		· · · · · · · · · · · · · · · · · · ·
		· · · · · · · · · · · · · · · · · · ·	
8. Date when these Articles of 0	Drganization will be effect	tive: CHECK ONE BOX (DNLY
Date received (Upon filing)			
Later effective date (Date r	nust be no more than 90	days from the date of fili	ng) 1-1-2021
Under penalty of perjury, I decla accompanying attachments, an			
Name of Authorized Person		Address	
Sara-Nicole	Dottoli	33 Laanel	1 200d
City/Town		State	Zip Code
West Green	ich	RI	02817
Signature of Authorized Person			Date
	Itall		1 11 11 20 20

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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:

November 19, 2020 12:12 PM

Nellie M. Gorbea Secretary of State

Tulli U. Horler

