

	<p><b>State of Rhode Island</b> <b>Office of the Secretary of State</b></p> <p>Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040</p>	<p>Fee: \$150.00</p> <p>LOGOUT</p> <p>APR 21 12:55</p>
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Limited Liability Company  
Articles of Organization  
(Chapter 7-16-6 of the General Laws of Rhode Island, 1956, as amended)

<b>ARTICLE I</b>
The name of the limited liability company is: <b>RE-VIBE WELLNESS, LLC</b>

<b>ARTICLE II</b>
The street address (post office boxes are not acceptable) of the limited liability company's registered agent in Rhode Island is:
No. and Street: <b>56 WELLS ST., SUITE 4</b>
City or Town: <b>WESTERLY</b> State: <b>RI</b> Zip: <b>02891</b>
The name of the resident agent at such address is: <b>JODY LUPINACCI</b>

<b>ARTICLE III</b>
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: <i>Check one box only</i>
<input type="radio"/> a partnership <input type="radio"/> a corporation <input checked="" type="radio"/> disregarded as an entity separate from its member

<b>ARTICLE IV</b>
The address of its principal office of the limited liability company if it is determined at the time of organization:
No. and Street: <b>56 WELLS ST.</b>
City or Town: <b>WESTERLY</b> State: <b>RI</b> Zip: <b>02891</b> Country:

<b>ARTICLE V</b>
The limited liability company has the purpose of engaging in any lawful business, unless a more limited purpose is set forth in Article VI of these Articles of Organization.
The period of its duration is: <input checked="" type="radio"/> Perpetual <input type="radio"/> (mm/dd/yyyy)

<b>ARTICLE VI</b>
Additional provisions, if any, not inconsistent with law, which members elect to have set forth in these Articles of Organization, including, but not limited to, any limitation of the purposes or any other provision which may be included in an operating agreement:

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ARTICLE VII

The limited liability company is to be managed by its  Members or  Managers (check one)  
(If managed by Members, go to ARTICLE VIII)

The name and address of each manager (If LLC is managed by Members, DO NOT complete this section):

First Name: JODY Middle Name: Last Name: LUPINACCI Suffix:  
Address: 27 PHEASANT RUN RI City: STONINGTON State: CT Zip: 06378 Country:  
Clear Add

ARTICLE VIII

The date these Articles of Organization are to become effective, not prior to, nor more than 90 days after the filing of these Articles of Organization.

Later Effective Date: 05/01/2021 (mm/dd/yyyy)

Filer's Contact Information

(Enter a contact name, mailing address and email.)

Contact Name: JODY LUPINACCI  
Business Name: RE-VIBE WELLNESS, LLC  
No. and Street: 56 WELLS ST. Principal Office  
City or Town: WESTERLY State: RI Zip: 02891 Country:  
Contact Phone: ext:  
Contact Email: Clear

*This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

Signed this 12 Day of April, 2021 at 6:17:30 AM by the Authorized Person.

JODY LUPINACCI

Address of Authorized Signer:

27 PHEASANT RUN RD.  
STONINGTON, CT 06378



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:

April 21, 2021 12:55 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*

