State of Rhode Island
Office of the Secretary of State

Fee: $150.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Limited Liability Company Articles of Organization

(Chapter 7-16-6 of the General Laws of Rhode Island, 1956, as amended)

ARTICLE I

The name of the limited liability company is: The Heal Room LLC

ARTICLE II

The street address (post office boxes are not acceptable) of the limited liability company's registered agent in Rhode Island is:

No. and Street: 52 BROOK ST
City or Town: CENTRAL FALLS State: RI Zip: 02863

The name of the resident agent at such address is: ANA M DUQUE

ARTICLE III

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 only

X a partnership __ a corporation __ disregarded as an entity separate from its member

ARTICLE IV

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

No. and Street: 574 SMITHFIELD AVE
City or Town: PAWTUCKET State: RI Zip: 02863 Country: USA

ARTICLE V

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: **X** Perpetual __

ARTICLE VI

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:

THE HEAL ROOM LLC WILL BE OWNED & MANAGED BY ANA M DUQUE & KAREN E MEJIAS AT
574 SMITHFIELD AVE. PAWTUCKET, RI 02860. THE NATURE OF THIS BUSINESS IT TO SELL RETAIL PRODUCT TO CONSUMERS. THE REGISTERED AGENT OF THE HEAL

ROOM IS
ANA DUQUE THE ADDRESS OF THE REGISTERED AGENT IS 52 BROOK ST. CENTRAL FALLS,
RI 02863.

ARTICLE VII

The limited liabilty company is to be managed by its **X** 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)**:

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	ANA M DUQUE	52 BROOK CENTRAL FALLS, RI 02863 USA
MANAGER	KAREN E MEJIAS	200 ESTEN AVE. APT. 423 PAWTUCKET, RI 02860 USA

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:

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 2 Day of February, 2022 at 12:57:22 PM by the Authorized Person.

ANA M DUQUE

Address of Authorized Signer:
52 BROOK ST. CENTRAL FALLS, RI 02860

Form No. 400
Revised 09/07

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:

February 02, 2022 12:52 PM

Nellie M. Gorbea
Secretary of State