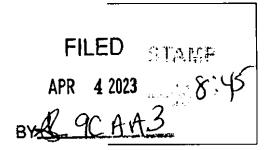
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State of Rhode Island Department of State - Business Services	s Division TRE TREE BUS	ECEIVED PT. OF STATE SVCS DIV
Articles of Organization DOMESTIC Limited Liability Company		-4 AM 8:45
→ Filing Fee: \$150.00		Marina Angelang Angelang Angelang
Pursuant to the provisions of RIGL <u>7-16</u> , the following Article the limited liability company to be organized hereby:	s of Organization are adopted for	
1. The name of the limited liability company is:		
Extreme Costumes, LLC		
2. The name and address of the initial resident agent/office	in Rhode Island is:	
Agent Name Raymond F. Bruzzes e.		
Street Address (<u>NOT</u> a P.O. Box) 1478 Atwood Avenue	, Suite 202	
City/Town Johnston	State RHODE ISLAND	D Zip Code 02919
3. Under the terms of these Articles of Organization and an the limited liability company is intended to be treated for put		
partnership or		
a corporation or		
disregarded as an entity separate from its memi		
4. The address of the principal office of the limited liability c	company, if it is determined at the t	time of organization:
Street Address 135 South Road		
City/Town East Greenwich	State RI	Zip Code 02818
5. The limited liability company has the purpose of engagin		
until dissolved or terminated in accordance with RIGL 7-16. Section 6 of these Articles of Organization.	, unless a more limited purpose or	duration is set torumin

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



of Organization, includir	ng, but not limited to	n with law, which the member(s) e b, any limitation of the purpose(s) o n which may be included in an ope	lect to have set forth in these Articles r duration for which the limited liability ration accement:	
None		n which hay be included in all ope	raung agreement.	
			Check this box to indicate attachment	
7. The Limited Liability	Company is to be m	anaged by:		
You MUST check one b	-	is box, skip to Section 8. Do not fil	l out the chart below.)	
One (1) or more m of Organization, sta	anager(s) (If the lim ate the name and ac	ited liability company has manager Idress of each manager below.)	r(s) at the time of the filing of these Artic	
MANAGER	ADDRES	SS		
		·		
8. Date when these Arti	I cles of Organization	will be effective: CHECK ONE BC	DX ONLY	
Date received (Upo	on tiling)			
Later effective date	e (Date must be no r	more than 90 days from the date of	filing)	
Under penalty of perjury	, I declare and affin	m that I have examined these Artic	les of Organization, including any	
accompanying attachments, and that all statements contail Name of Authorized Person Add		Address		
Raymond F Bruzzes			478 Atwood Avenue, Suite 202	
City/Town		State	Zip Code	
Johnston		RI	02919	
Signature of Authorized Pe	erson	·	Date	
N/J	· (1.)		03/31/2023	

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If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

State of Rhode Island Department of State | Office of the Secretary of State Gregg M. Amore, Secretary of State

I, GREGG M. AMORE, 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 04, 2023 08:45 AM

Treng M. Course

Gregg M. Amore Secretary of State

