RI SOS Filing Number: 202334520780 Date: 4/27/2023 2:30:00 PM



State of Rhode Island

Department of State - Business Services Division

Articles of Organization

DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

RECEIVED

R.I. DEPT. OF STATE,

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2023 APR 27 P 2: 30 ...

Pursuant to the provisions of RIGL <u>7-16</u> , the following Articles of Organization are adopted for the limited liability company to be organized hereby:					
The name of the limited liability company is:	1				
Cake & Bocadilles Boutique Uc					
2. The name and address of the initial resident agent/office in Rhode	2. The name and address of the initial resident agent/office in Rhode Island is:				
Agent Name Kristin Velarano					
Street Address (NOT a P.O. Box) 845 Potters Ave					
City/Town Providence	State RHODE ISLAND	Zip Code 02907			
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 845 Potters Ave					
City/Town Providence	State	Zip Code			
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 Website: www.sos.ri.gov

2:30 BY ML (APR 27 2023

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 Kristin Velduno 151 Greeleyst Prov. Of 09909 Maria Hernandez 7 Bradford Rd, crans for PL 20040 8. Date when these Articles of Organization will be effective. CHECK ONE BOX ONLY Date received (Upon filing) Date reflective date (Date must be no more than 90 days from the date of filing) 07 / 101 / 300-3 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 Lyristin Velarano State Tip Code Date Off 37 / 23 Whathan Velarano Signature of Authorized Person Date Off 37 / 23	6. Additional provisions, if any, not consistent 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:					
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.)			Check this b	pox to indicate attachment		
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 Kristin Veldana ISI Greeleyst Prov. Of 09909 Maria Herrandez 7 Bradford Rd, crans for RI 09909 8. Date when these Articles of Organization will be effective: CHECK ONE BOX ONLY Date received (Upon filing) Dater effective date (Date must be no more than 90 days from the date of filing) 07/01/2023 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 Lristin Veldarano State Zip Code Date Signature of Authorized Person Date Date	7. The Limited Liability Company	is to be managed by:				
ADDRESS Kristin Veldiano 151 Greeleyst Prov. No. 03907 Maira Hernandez 7 Bradford Rd, cranston RJ 009100 8. Date when these Articles of Organization will be effective: CHECK ONE BOX ONLY Date received (Upon filing) Later effective date (Date must be no more than 90 days from the date of filing) Order 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 Kristin Velarano Address List Greekey St City/Town State Signature of Authorized Person Date Date Date	Its member(s) (If you have c	·				
Kristin Velamo 151 Greeleyst Prov. Of Dago? Maria Hernandez 7 Bradford Rd, crans for RI DAGO. 8. Date when these Articles of Organization will be effective: CHECK ONE BOX ONLY Date received (Upon filing) Pater effective date (Date must be no more than 90 days from the date of filing) 07/01/2023 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 Lristin Vejarano State Polydene Signature of Authorized Person Date Date Date	of Organization, state the na	me and address of each m	anager below.)			
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Address Vers fin Verano City/Town Signature of Authorized Person Signature of Authorized Person Date						
Kristin Velarano 151 Greetey St City/Town State Rovidence Signature of Authorizati Person Date						
City/Town State Zip Code Dod 07 Signature of Authorizati Person Date	Name of Authorized Person			57		
Providence LL 02407 Signature of Authorizati Person Date	City/Town	110100	State	Zin Code		
	Providence		RL	02407		
, = , , ,	Signature of Authorized Person	Jorano		Date 04/27/23		

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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 27, 2023 02:30 PM

Gregg M. Amore

Secretary of State

Tregs M. Coure

