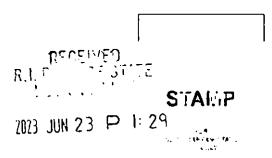
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## Articles of Organization

**DOMESTIC Limited Liability Company** 

→ Filing Fee: \$150.00



Pursuant to the provisions of RIGL $\underline{7-16}$ , the following Afficies of Organited liability company to be organized hereby:	anization are adopted for					
The name of the limited liability company is:						
Interwoven Care	LLC					
2. The name and address of the initial resident agent/office in Rhode Island is:						
Agent Name Jessica Rosene de	Brito					
Street Address (NOI a P.O. Box)  201 Waterman	Ave					
City/Town East Pravidence	State RHODE ISLAND	Zip Code 02914				
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 201 Water Man AVE						
City/Town East Providence	State R1	Zip Code 02914				
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 BY 4 8 BZYH

FILED

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:						
			Che	ck this b	ox to indicate attachment	
7. The Limited Liability Company	is to be managed by	y: Jessica	Rosene	de	Boto	
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					
Jossia Rosene	Brito	113 Lord	en St.	Par	vtvcket R1 02860	
8. Date when these Articles of Oi	rganization will be ef	fective: CHECK	ONE BOX O	NLY		
Date received (Upon filing)						
Later effective date (Date m	ust be no more than	90 days from the	e date of filing	g)		
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			^	
Jessica Rosene	de Brito	201	Water	mo		
Eust Provid	ncl	State	RI.		2ip Code 02914	
Signature of Authorized Person	L	Proto			Date 6/23/23	
					1 1	

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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:

June 23, 2023 01:29 PM

Gregg M. Amore
Secretary of State

Treg M. Coure

