RI SOS Filing Number: 202342381290 Date: 10/23/2023 2:58:00 PM



## State of Rhode Island **Department of State - Business Services Division**

RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV

**Articles of Organization**DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

Phone: (401) 222-3040 Website: www.sos.ri.gov 2023 OCT 23 P 2: 58

Pursuant to the provisions of <u>RIGL 7-16</u> , the following Articles of Organithe limited liability company to be organized hereby:	nization are adopted for			
The name of the limited liability company is:				
BELLEMEL BEAUTY STUDIO LLC				
2. The name and address of the initial resident agent/office in Rhode Island is:				
Agent Name MELINA SORIBEL MARTINEZ MEDRANO				
Street Address (NOT a P.O. Box) 250 AUBURN STREET				
City/Town CRANSTON	State RHODE ISLAND	Zip Code 02910		
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):				
<ul> <li>✓ a disregarded as an entity separate from its member (single member LLC)</li> <li>☐ a partnership</li> <li>☐ a corporation</li> </ul>				
4. The address of the principal office of the limited liability company, if it is determined at the time of organization:				
Street Address 250 AUBURN STREET				
City/Town CRANSTON	State RI	Zip Code 02910		
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.				
	<b>کریک</b>	FILED 258		
	0 BY_	CFOKH		
MAIL TO:				
Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615				

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:				
NA				
		Check th	nis box to indicate attachment	
7. The Limited Liability Company is to be managed by its:				
You MUST check one box:				
Members (Owners) DO NOT complete the chart below.		Managers (Individuals hired by the members with no ownership interest) Complete the chart below.		
	MAN	NAGER NAME	ADDRESS	
	-	·		
		·		
Check this box to indicate attachment				
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)				
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	<del></del>	Address		
MELINA SORIBEL MARTINEZ MEDRANO	250	250 AUBURN STREET		
City/Town	·	State	Zip Code	
CRANSTON		RI	02910	
Signature of Authorized Person			Date	
Melina D. Marting Medhano-		10/23/2023		

RI SOS Filing Number: 202342381290 Date: 10/23/2023 2:58:00 PM



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:

October 23, 2023 02:58 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

