



**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  
 BUS SVCS DIV

2024 FEB 20 P 2:10

**STAMP**

FOR  
 OFFICIAL USE ONLY

Pursuant to the provisions of RIGL 7-16, the following Articles of Organization are adopted for the limited liability company to be organized hereby:

1. The name of the limited liability company is:

**Infuze Health and Hydration, LLC**

2. The name and address of the initial resident agent/office in Rhode Island is:

Agent Name

**Macalister Sleprow**

Street Address (NOT a P.O. Box)

**1481 Wampanoag Trail**

City/Town

**East Providence**

State

**RHODE ISLAND**

Zip Code

**02915**

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**):

☐ a disregarded as an entity separate from its member (single member LLC)

☐ a partnership

☒ a corporation

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

Street Address

**90 Tomaquag Valley Road**

City/Town

**Bradford**

State

**RI**

Zip Code

**02808**

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 7-16, unless a more limited purpose or duration is set forth in Section 6 of these Articles of Organization.

**FILED**

**STAMP**

**FEB 20 2024**

BY ML KATN

**2:10**

**MAIL TO:**

**Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: [www.sos.ri.gov](http://www.sos.ri.gov)

6. Additional provisions, if any, not inconsistent 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:

The business purpose of this limited liability company is to provide professional services as registered nurses, pursuant to R.I.G.L. 7-5.1

Check this box to indicate attachment ☐

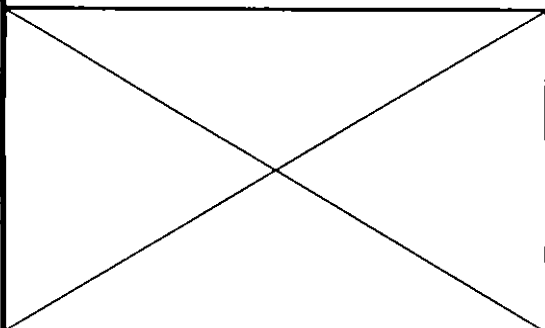
7. The Limited Liability Company is to be managed by its:

You **MUST** check one box:

☐ Members (Owners)  
**DO NOT** complete the chart below.

OR

☒ Manager(s). Complete the chart below.

|  | MANAGER(S) NAME | ADDRESS                                       |
|-----------------------------------------------------------------------------------|-----------------|-----------------------------------------------|
|                                                                                   | Rebecca Berry   | 90 Tomaquag Valley Road<br>Bradford, RI 02808 |
|                                                                                   |                 |                                               |

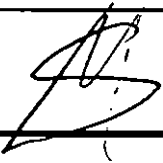
Check this box to indicate attachment ☐

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                                                                                          | Address              |          |
| Macalister Sleprow                                                                                                 | 1481 Wampanoag Trail |          |
| City/Town                                                                                                          | State                | Zip Code |
| East Providence                                                                                                    | RI                   | 02915    |
| Signature of Authorized Person  |                      | Date     |
|                                                                                                                    |                      | 2/15/24  |



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:

February 20, 2024 02:10 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore  
*Secretary of State*

