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# State of Rhode Island Office of the Secretary of State

Fee: \$150.00

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

| Limited         | Liability Co | mpany |
|-----------------|--------------|-------|
| <b>Articles</b> | of Organiz   | ation |

(Chapter 7-16-6 of the General Laws of Rhode Island, 1956, as amended)

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The name of the limited liability company is: Nailedit LLC

## **ARTICLE II**

The street address (post office boxes are not acceptable) of the limited liability company's registered agent in Rhode Island is:

No. and Street: 47 WOOD AVE, SUITE 2

City or Town: BARRINGTON State: RI Zip: 02806

The name of the resident agent at such address is: NORTHWEST REGISTERED AGENT LLC

#### **ARTICLE III**

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 only

X disregarded as an entity separate from its member \_\_ a partnership \_\_ a corporation

# **ARTICLE IV**

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

No. and Street: 161 WATERMAN AVE

City or Town: <u>EAST PROVIDENCE</u> State: <u>RI</u> Zip: <u>02914</u> Country: <u>USA</u>

# **ARTICLE V**

The limited liability company has the purpose of engaging in any lawful business, unless a more limited purpose is set forth in Article VI of these Articles of Organization.

The period of its duration is: X Perpetual

## **ARTICLE VI**

Additional provisions, if any, not inconsistent with law, which members elect to have set forth in these Articles of Organization, including, but not limited to, any limitation of the purposes or any other provision which may be included in an operating agreement:

### ARTICLE VII

The limited liability company is to be managed by its \_\_\_ Members\* or \_\_\_X Managers (check one)

\* If you checked to be managed by your MEMBERS (the owners) DO NOT complete the following section. Only complete the following section if you checked to be managed by MANAGERS.

The name and address of each manager:

| Title   | <b>Individual Name</b><br>First, Middle, Last, Suffix | Address Address, City or Town, State, Zip Code, Country |
|---------|---|---|
| MANAGER | KANVATTEY AMIE MONY                                   | 161 WATERMAN AVE<br>EAST PROVIDENCE, RI 02914 USA       |

#### ARTICLE VIII

The date these Articles of Organization are to become effective, not prior to, nor more than 90 days after the filing of these Articles of Organization.

Later Effective Date:

This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

Signed this 21 Day of July, 2024 at 8:25:25 PM by the Authorized Person.

KANVATTEY AMIE MONY

**Address of Authorized Signer:** 

161 WATERMAN AVE EAST PROVIDENCE, RHODE ISLAND 02914

Form No. 400 Revised 09/07

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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:

July 21, 2024 08:24 PM

Gregg M. Amore
Secretary of State

Treg M. Coure

