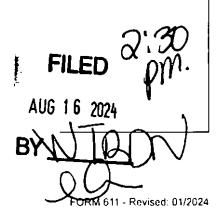


Pursuant to the applicable provisions of RIGL <u>7-1.2-1007</u>, <u>7-6-48.1</u>, <u>7-12.1-1143</u>, <u>7-13.1-1143</u> and <u>7-16-5.1</u>, the undersigned submits the following Certificate of Conversion:

1. Entity ID Number:	2. The full name of the converting entity is:	
	Yvet te	Salun
3. It is formed under the jurisdiction	on of:	4. The date of formation is:
R1		February 1, 2020
5. The jurisdiction to which the en	tity is converting:	ι
RHODE ISLAND		
6. The structure of the converting	entity is: CHECK ONE BO	XONLY
Business Corporation		Non-Profit Corporation
Limited Liability Company		Other Entity
Partnership (General, Limite	ed, or Limited Liability Partn	ership) Sole Proprietorship
7. The structure of the entity follow	ving conversion will be: CH	ECK ONE BOX ONLY
Business Corporation		Limited Partnership / Limited Liability Limited Partnership
Non-Profit Corporation		Limited Liability Partnership
Limited Liability Company		
8. The name of the entity following	g the conversion is:	
Nette Sala	n LLC	
9. This certificate of conversion ar the manner provided for in RIGL 2		of formation have been approved by the converting entity in <u>-1143</u> , <u>7-13,1-1143</u> and <u>7-16-5,1</u> .

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MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: <u>www.sos.ri.gov</u>



10. This certificate of conversion is filed as an accompanying certificate to: CI	IECK ONE BOX ONLY
Business Corporation Articles of Incorporation	
Non-Profit Corporation Articles of Incorporation	
Limited Liability Company Articles of Organization	
Statement of Limited Liability Partnership	
Certificate of Limited Partnership	
Statement of Limited Liability Limited Partnership	
11. Date when this Certificate of Conversion will be effective: CHECK ONE I	BOX ONLY
Date received (Upon filing)	
Later effective date	. tille to all Conversion including any
Under penalty of perjury, we declare and affirm that we have examined this of accompanying attachments, and that all statements contained herein are true	e and correct.
Type or Print Name of Converting Entity	
Yvette Salon LLC	
Type or Print Name of Person Signing Title of Person	Signing
Impri Yvette Fennell-Gass Cosmatola	415t
Signature	Date
chan Hard	8/1/2024
Type or Print Name of Person Signing Title of Person	of Signing
Imani Finnell- Guss Corsmet	ologist
Signature	Date
	8/1/2024
ann	

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:

August 16, 2024 02:30 PM

Treng M. Course

Gregg M. Amore Secretary of State

