

State of Rhode Island Department of State - Business Services Division

Application for Certificate of Conversion

DOMESTIC Business Corporation, Non-Profit Corporation, Limited Partnership, Limited Liability Partnership or Limited Liability Company

→ No Filing Fee

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1, Entity ID Number:	2. The full name of the converting entity is:					
	Yvet te	Salu	<u>. </u>			
3. It is formed under the jurisdiction of:		4. The date of formation is:				
L KI		February 1, 2020				
5. The jurisdiction to which the entity is converting:						
RHODE ISLAND						
6. The structure of the converting	entity is: CHECK ONE BO	X ONLY				
Business Corporation			Non-Profit Corporation			
Limited Liability Company		Other Entity				
Partnership (General, Limite	d, or Limited Liability Partne	ership)	Sole Proprietorship			
7. The structure of the entity follow	ving conversion will be: CH	ECK ONE BO	DX ONLY			
Business Corporation		Limited	Partnership / Limited Liability Limited Partnership			
Non-Profit Corporation	[Limited l	iability Partnership			
Limited Liability Company						
8. The name of the entity following	the conversion is:					
Nette Salo	1 LLC					
	nd accompanying certificate		have been approved by the converting entity in 1-1143 and 7-16-5,1.			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

AUG 16 2024

FORM 611 - Revised: 01/2024

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10. This certificate of conversion is filed as an accompanying certificate to: CHECK ONE BO	X UNLY					
Business Corporation Articles of Incorporation						
Non-Profit Corporation Articles of Incorporation						
Zimited 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 BOX ONLY						
Date received (Upon filing)						
Later effective date						
Under penalty of perjury, we declare and affirm that we have examined this Certificate of Conversion, including any accompanying attachments, and that all statements contained herein are true and correct.						
Type or Print Name of Converting Entity						
Yvette Salon LLC						
Type or Print Name of Person Signing Title of Person Signing						
Imani yvette Fennell-Gass Cosmatologist						
Signature Signature	Date					
0 4 11	8/1/2024					
Type or Print Name of Person Signing Title of Person of Signing						
I main Finnell- Gass Cosmetologist						
Signature	Date					
	8/1/2024					