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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 Company Articles of Organization

(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: Wound Healers Nursing 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: <u>222 JEFFERSON BLVD.</u>

SUITE 200

City or Town: WARWICK State: RI Zip: 02888

The name of the resident agent at such address is: <u>UNITED STATES CORPORATION AGENTS, INC.</u>

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
	distruction as an	i Cillie Schalaic		a partificionid	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: 44 CLARK RD

City or Town: <u>SMITHFIELD</u> State: <u>RI</u> Zip: <u>02917</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 <u>X</u> Members* or Managers (check one)							
* If you checked to be managed by your MEMBERS (<i>the owners</i>) 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	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country					
	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 4 Day of November, 2024 at 12:30:21 PM by the Authorized Person.							
KATHLEEN MARIE LIBUTTI							
Address of Authorized Signer: 44 CLARK RD SMITHFIELD RI 02917 USA							
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:

November 04, 2024 12:29 PM

Gregg M. Amore Secretary of State

Treg M. Coure

