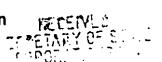
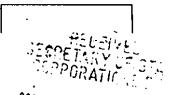
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State of Rhode Island

Department of State - Business Services Division





Articles of Organization

DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

2024 NOV 22 AM 11: 01

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Pursuant to the provisions of <u>RIGL 7-16</u> , the following Articles of Orga the limited liability company to be organized hereby:	nization are adopted for			
1. The name of the limited liability company is:				
TRUE NORTH TATTOO LLC				
2. The name and address of the initial resident agent/office in Rhode	Island is:			
Agent Name ELIZABETH SYLVIA	·			
Street Address (NOT a P.O. Box) II GARFIELD ST APT 1				
City/Town N PROVIDENCE	State RHODE ISLAND	Zip Code 02904		
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 I GARFIELD ST APT I				
City/Town NORTH PROVIDENCE	State RI	Zip Code 02904		
5. The limited liability company has the purpose of engaging in any launtil dissolved or terminated in accordance with RIGL <u>7-16</u> , unless a Section 6 of these Articles of Organization.				

FILED 11:42

DEC U 5 2024

BY EA PHZ

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: 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:			
		Check this box to indicate attachment	
7. The Limited Liability Company is to be managed by its: MEMBERS			
You MUST check one box:			
✓ Members (Owners) OR Manager(s). Complete the chart below. DO NOT complete the chart below.			
	MANAGER(S) NAME	ADDRESS	
	·	1	
	,	ı	
	•	. <i>i</i>	
		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		
Elizabeth Sylvia	11 GARFIELD ST APT 1		
City/Town	State	Zip Code	
NORTH PROVIDENCE	RI	02904	
Signature of Authorized Person		Date	
E Sulvia)		11/19/2024	

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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:

December 05, 2024 11:42 AM

Gregg M. Amore

Treg M. Coure

Secretary of State

