



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 SOS

Articles of Organization

DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

Pursuant to the provisions of RIGL 7-16, the following Articles of Organization are adopted for the limited liability company to be organized hereby:

1. The name of the limited liability company is:		
Lavish Nails & Spa, LLC		
2. The name and address of the initial resident agent/office in Rhode Island is:		
Name Anthony DiBiase		
Street Address (NOT a P.O. Box) 303 Jefferson Blvd		
City/Town Warwick	State RHODE ISLAND	Zip Code 02888
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):		
<input type="checkbox"/> partnership or <input type="checkbox"/> a corporation or <input checked="" type="checkbox"/> disregarded as an entity separate from its member		
4. The address of the principal office of the limited liability company if it is determined at the time of organization:		
Street Address 89 Asqah Drive		
City/Town North Kingstown	State RI	Zip Code 02852
5. The limited liability company has the purpose of engaging in any lawful business, and shall have perpetual existence until dissolved or terminated in accordance with RIGL 7-16, unless a more limited purpose or duration is set forth in Section 6 of these Articles of Organization.		

MAIL TO:

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

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6. Additional provisions, if any not inconsistent with law which the members agreed to have set forth in these Articles of Organization, including, but not limited to, any limitation of the purposes, or duration for which the limited liability company is formed, and any other provisions which may be included in an operating agreement.

Check this box to indicate attachment ☐

7. The Limited Liability Company is to be managed by

You **MUST** check one box

☒ its member(s) (If you have checked this box, skip to Section 9. Do not fill out the chart below.)

☐ One (1) or more manager(s) (If the limited liability company has manager(s) at the time of the filing of these Articles of Organization, state the name and address of each manager below.)

MANAGER	ADDRESS

8. Date when these Articles of Organization will be effective: **CHECK ONLY ONE BOX**

☒ Date received (Upon filing)

☐ Later effective date (Date must be no more than 30 days from the day 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 J. R. QU		Address 69 Asquah Drive	
City/Town North Kingstown		State RI	Zip Code 02852
Signature of Authorized Person J. R. QU			Date 5-12-15

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sona.rlgov

2015-04-16 10:00 AM



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:

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A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore
Secretary of State

