RI SOS Filing Number: 202569540520 Date: 4/8/2025 1:26:00 PM



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:

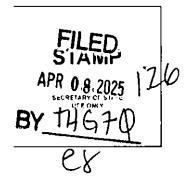
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1. The name of the limited liability company is:				
Klasik Cuisine Investment, LLC				
2. The name and address of the initial resident agent/office in Rhode Island is:				
Agent Name Geralda Theodor				
Street Address (NOT a P.O. Box) 292 Academy Ave. Unit C				
City/Town Providence	State RHODE ISLAND	Zip Code 02908		
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 292 Academy Ave Unit C				
City/Town Providence	State RI	Zip Code 02908		
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.		- ·		

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 mar	naged by its:		
You MUST check one box:			
Members (Owners) DO NOT complete the chart be	OR elow.	✓ Mana	ger(s). Complete the chart below.
	MANAGER(S) NAME		ADDRESS
	Samantha Tondreau		631 Tower Street Fall River, MA 02908
	Jenny Milatte		66 Tyndall Ave Providence, RI 02908
		(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 monomer)	ore than 90 days from th	ne date of fili	ng)
Under penalty of perjury, I declare and affirm accompanying attachments, and that all state			
Name of Authorized Person	Address		
Scheida Milatte	66 Tyndall Ave		
City/Town	State		Zip Code
Providence	RI		02908
Signature of Authorized Person			Date 4-8-25

Samantha Tondreav 1631 Tower Street Fall River, MA 02408

Junior Theodor

292 Academy Are Unita

Providence, 12± 02918

Jenny MilqHe

292 Academy Are. Unita

Providence, 12± 02908

Schneida MilaHe

292 Academy Au. Unita

Pravidence, 12± 02908

Pravidence, 12± 02908

Geralda Theador 292 Academy fre Unit C Pravidence, 12±02908 RI SOS Filing Number: 202569540520 Date: 4/8/2025 1:26:00 PM



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:

April 08, 2025 01:26 PM

Gregg M. Amore

Secretary of State

Tregs M. Coure

