RI SOS Filing Number: 202573754650 Date: 5/26/2025 2:43:00 PM



Articles of Organization DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

	ty company is:			<u> </u>		
	Wicked Good Den	tal LLC				
2. The name and address of the	initial resident agent/office in Rho	ode Island is:	 	 	 _	
Agent Name	Cogency Global Inc.					
Street Address (NOT a P.O. Box)	222 Jefferson Boulevard				
City/Town	Warwick	State RHODE	ISLAND	Zip Code	02888	
	cles of Organization and any writte tended to be treated for purposes					
	n entity separate from its member	(single member	LLC)			
-						
a disregarded as ar a partnership a corporation						
a partnership a corporation	office of the limited liability compa	ny, if it is determin	ned at the tim	e of organizat	ion:	
a partnership a corporation	office of the limited liability compa	ny, if it is determin Pleasant St.	ned at the tim	e of organizat	ion:	

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 action with the state of t							
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:							
N/A							
		Che	eck this box to indicate attachment				
7. The Limited Liability Company is to be mar	naged by its:						
You MUST check one box:							
Members (Owners) OR DO NOT complete the chart below. OR Manager(s). Complete the chart below.							
	MANAGER(S) NAME	AD	DRESS				
	-						
	Jason R. Tu	bo 2	28 Pleasant St - Sherborn, MA 01770				
	Jenny Tubo		28 Pleasant St - Sherborn, MA 01770				
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							
Name of Authorized Person	tements contained herein are true and correct. Address						
Jason R. Tubo	28 Pleasant St						
City/Town	State	Zip	Code				
Sherborn	MA		01770				
Signature of Authorized Person		Da	5/23/2025				
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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@sos.ri.gov.

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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:

May 26, 2025 02:43 PM

Gregg M. Amore

Secretary of State

Treg M. Coure

