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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

Pursuant to the provisions of RIGL 7-16, the following Articles of Orga	anization are adopted for	1	
the limited liability company to be organized hereby:			
The name of the limited liability company is:			
OAK STUDIO LLC			
2. The name and address of the initial resident agent/office in Rhode	alsland is:		
Agent Name Renée L'Abbe			
Street Address (<u>NOT</u> a P.O. Box)			
58 IRMA AVENUE			
	State	Zip Code	
City/Town Warwick	RHODE ISLAND	02889	
3. Under the terms of these Articles of Organization and any written the limited liability company is intended to be treated for purposes of	operating agreement made federal income taxation as	or intended to be made, s (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 tim	ne of organization:	
Street Address 23 ACORN Street City/Town Providence			
City/Town	State	Zip Code	
Providence	Rul	02903	
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.	awful business, and shall h more limited purpose or de	nave perpetual existence	

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov **FILED**

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:			
company is formed, and any other provision to	winch may be included in	n an operating agreement.	
		Check this box to indicate attachment	
7. The Limited Liability Company is to be managed by its:			
You MUST check one box:	_		
Members (Owners) DO NOT complete the chart b	OR elow.	Manager(s). Complete the chart below.	
	MANAGER(S) NAME	ADDRESS	
		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 state		are true and correct.	
Name of Authorized Person	Address		
Renée L'Abbe 58 IRMA Avenue			
City/Town	State	Zip Code	
Warwick	RI	02889	
Signature of Authorized Person		Date	
Revie L'able		8/19/25	

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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:

August 19, 2025 01:59 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

