



State of Rhode Island
Department of State - Business Services Division

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25 AUG 22 AM 11:13:25

STAMP

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:

U'Nique Diversity Holistic Health and Wellness Center LLC

2. The name and address of the initial resident agent/office in Rhode Island is:

Agent Name

Elai'sha Vega-Ogiba

Street Address (NOT a P.O. Box)

23 Warren St.

City/Town

Providence

State

RHODE ISLAND

Zip Code

02907

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

715 Branch Ave

City/Town

Providence

State

RI

Zip Code

02907

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.

FILED

AUG 22 2025

BY LMICC

DL

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 ☐

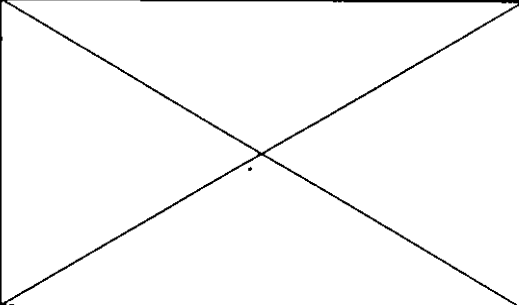
7. The Limited Liability Company is to be managed by its:

You **MUST** check one box:

☒ Members (Owners)
DO NOT complete the chart below.

OR

☐ 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 statements contained herein are true and correct.

Name of Authorized Person	Address	
Elcisha Vega-Ogiba	23 Warren St	
City/Town	State	Zip Code
Providence	RI	02907
Signature of Authorized Person		Date
Elcisha Vega-Ogiba		8/22/25

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.