

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

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

Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

SECRETARY OF STATE CORPORATIONS DIV

Articles of Organization Limited Liability Company

Filing Fee: \$150.00

Pursuant to the provisions of <u>RIGL 7-16</u>, 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:						
Tack Studio Ilc						
2. The name and address of the limited liability company's resident agent in Rhode Island is:						
Name Registered Agents Inc.						
Street Address (<u>NOT</u> a P.O. Box) One Richmond Square, STE 125B						
City/Town Providence	State RHODE ISLAND	Zip Code 02906				
	ganization and any written operating agreement made of the treated for purposes of federal income taxation as					
 a partnership or a corporation or ✓ 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 6 East St, Apt 1						
City/Town Providence	State RI	Zip Code 02906				
The limited liability company has the puuntil dissolved or terminated in accordance Section 6 of these Articles of Organization	urpose of engaging in any lawful business, and shall ha se with RIGL 7-16, unless a more limited purpose or du n.	ve perpetual existence ration is set forth in				

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By C-8467586

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.						
As in Operating Agreement						
			Chool	s this have to indicate attachment. Is 1		
7. The Limited Liability Company is 1	o be managed	by:	Cried	k this box to indicate attachment [/]		
You MUST check one box: Its member(s) (If you have check			o not fill out t	he 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 B	USINESS ADE	RESS				
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	anda Jeas villagas as and					
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 an panying attachments, and that all sta				Organization, including any accom-		
Name of Authorized Person		Address				
Ke Wei Matthew Lim		6 East St, Apt	1			
City/Town		State	Zip Code			
Providence	1	RI	02906			
Signature of Authorized Person	// 1			Date		
Jul	MM	1		12/31/2015		

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.

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, 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:

Nellie M. Gorbea
Secretary of State

Tullin U. Horler

