

Filing Fee: \$50.00

ID Number: 1664581



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

BUSINESS CORPORATION

CERTIFICATE OF CORRECTION

2017 FEB 22 AM 9:40
FILED
CORPORATIONS DIVISION
STATE OF RHODE ISLAND

Pursuant to the provisions of Section 7-1.2-105 of the General Laws of Rhode Island, 1956, as amended, the undersigned corporation hereby submits the following Certificate of Correction:

- The name of the corporation is: L.L. Bean, Inc.
- The document to be corrected is Form 150 Application For Certificate of Authority
- The document being corrected was originally filed on 6/27/16
- Specify the inaccurate record of the corporate action or the defective or erroneous execution, seal or acknowledgement:
Section 9 par value of shares authorized and issued for Common Voting and Common Non-Voting was incorrectly stated at a value of \$10.00 when it should have been \$0.10.
- The corrected portion of the document states as follows:
The correct par value of shares authorized and issued in Section 9 is \$0.10 for both Common Voting and Common Non-Voting Shares.
- The document attached to this certificate is the corrected document.
- This Certificate of Correction shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing _____

Under penalty of perjury, I declare and affirm that I have examined this Certificate of Correction, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: 2-21-17

FILED

Signature of Authorized Officer of the Corporation

FEB 22 2017

Kierston Van Soest

Type or Print Name of Authorized Officer

BY CM 296406
9:40



REGISTERED
 MAINE
 2017 FEB 22 AM 9:40

Certificate of Authority
 FOREIGN Corporation

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL 7-1.2-1405, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

| | | |
|---|---------------------------|-----------------------|
| 1. The name of the corporation is: L.L. Bean, Inc. | | |
| 2. It is incorporated under the laws of: Maine | | |
| 3. The name, if different, which it elects to use in Rhode Island is: (a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island: (b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application: | | |
| 4. The date of its incorporation is: 11/27/1934 And the period of its duration is: CHECK ONLY ONE BOX <input checked="" type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____ | | |
| 5. The address of its principal office is: 15 Casco Street, Freeport, ME 04033 | | |
| 6. The name and address of the initial registered agent/office of in Rhode Island: Agent Name C T Corporation Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway Suite 7A | | |
| City/Town East Providence | State RHODE ISLAND | Zip Code 02914 |

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 *m*

FEB 22 2017

BY *CN 296406*

9:40 FORM 150 - Revised: 08/2016

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

Retail Sales

8. (a) The names and respective addresses of its directors (optional, unless directors are required under the laws of the state or country of which it is incorporated):

| NAME | ADDRESS |
|-------------------|---------|
| See Attached List | |
| | |
| | |
| | |

Check the box to indicate an attachment.

8. (b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated):

| OFFICE | NAME | ADDRESS |
|----------------|------------------|------------------------------------|
| PRESIDENT | Stephen M. Smith | 15 Casco Street, Freeport ME 04033 |
| VICE PRESIDENT | | |
| TREASURER | Mark L. Fasold | 15 Casco Street, Freeport ME 04033 |
| SECRETARY | Mark L. Fasold | 15 Casco Street, Freeport ME 04033 |

Check the box to indicate an attachment.

9. The aggregate number of shares which it has authority to issue; itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

| NUMBER OF SHARES | CLASS | SERIES | PAR VALUE OR STATE NO PAR VALUE |
|------------------|--------------|--------|---------------------------------|
| 80,000 | CommonVoting | | \$0.10 |
| 7,920,000 | CommonNonVot | | \$0.10 |
| | | | |
| | | | |

10. (a) Estimate, in dollars, the value of all property to be owned by the corporation for the following year, wherever located:

\$ 0 _____

(b) Estimate, in dollars, the value of the corporation's property to be located within Rhode Island during the following year:

\$ 0 _____

(c) Estimate, as a percentage, the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. Note: Divide (10b) by (10a) and multiply by 100 to obtain the percentage.

0 _____ %

| | |
|---|---|
| 11. (a) Estimate, in dollars, the gross amount of business to be transacted by the corporation during the following year. <div style="text-align: center;">\$ <u>0</u></div> | (b) Estimate, in dollars, the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year. <div style="text-align: center;">\$ <u>0</u></div> |
| (c) Estimate, as a percentage , the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. <i>Note: Divide (11b) by (11a) and multiply by 100 to obtain the percentage.</i> <div style="text-align: center;"><u>0</u> %</div> | |
| 12. This application must be accompanied by a Certificate of Good Standing/Letter of Status issued by the proper officer of the state or country under the laws of which it is incorporated that is dated within 60 days of the filing of this document. | |
| 13. Date when the Certificate of Authority will be effective: CHECK ONLY ONE BOX | |
| <input checked="" type="checkbox"/> Date received (Upon filing) | |
| <input type="checkbox"/> Later effective date (Date must be no more than 90 days from the day of filing) _____ | |
| <i>Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.</i> | |
| Type or Print Name of Authorized Officer <div style="font-size: 1.2em;">Kierston Van Soest</div> | Date <div style="font-size: 1.2em;">2.21.17</div> |
| Signature of Authorized Officer of the Corporation <div style="font-size: 1.5em; font-family: cursive;">Kierston Van Soest</div> | |
| SIGN DOCUMENT HERE | |

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.

EXHIBIT TO APPLICATION

L. L. BEAN, INC.
List of Directors

| | |
|----------------------|-------------------------------------|
| Nathan J. Clark | 15 Casco Street, Freeport, ME 04033 |
| Linda L. Bean | Same as above |
| James W. Gorman, Sr. | Same as above |
| Jeffrey J. Gorman | same as above |
| Shawn O. Gorman | same as above |
| Stephen M. Smith | same as above |
| Jennifer L. Wilson | same as above |
| Hugh G. Farrington | same as above |
| Matthew Moellering | same as above |
| Lynne Kilbourne | same as above |



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

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:

February 22, 2017 09:40 AM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea
Secretary of State

