



State of Rhode Island  
Department of State - Business Services Division

REC'D RIDOS BSD  
24 FEB 8 11:53:02  
MIP

### Certificate of Correction

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-1.2-105 the undersigned corporation hereby submits the following Certificate of Correction:

1. Entity ID Number:  001769180	2. The name of the corporation is:  Safety National Casualty Incorporation
3. The document to be corrected is:  Articles of Incorporation	4. The date the document being corrected was originally filed:  02-07-2024
5. Specify the inaccurate record of the corporate action or the defective or erroneous execution, seal or acknowledgment:  They Safety National Casualty Incorporation was filed inaccurately, the name was recorded wrong	
6. The new corrected portion of the document states as follows:  The name is: Safety National Casualty Corporation	
7. The corrected document <b>MUST</b> be attached to this certificate.	
8. As required by RIGL 7-1.2-105, the entity has paid all fees and taxes.	

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  
FEB 08 2024  
BY ML VG 72X  
11:53

9. 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.

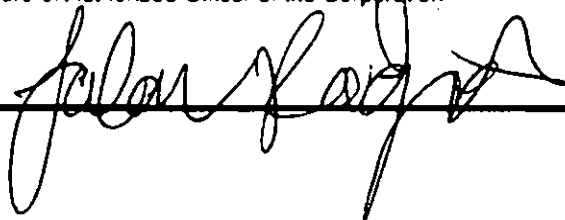
Type or Print Name of Authorized Officer of the Corporation

Date

Jalon Rogers

2-8-2024

Signature of Authorized Officer of the Corporation





REC'D RIDOS BSD  
24 FEB 9 AM 11:05:14

**Articles of Incorporation**

DOMESTIC Business Corporation

→ Filing Fee: \$230.00 minimum

The undersigned, acting as incorporator(s) of the corporation under RIGL 7-1.2-202, adopt(s) the following Articles of Incorporation for such corporation:

1. The name of the corporation is:  
**safety National casualty corporation**

Check if this a close corporation pursuant to RIGL 7-1.2-1701 of the General Laws, 1956, as amended.

2. The total number of shares which the corporation has the authority to issue is:  
(Unless otherwise stated, all authorized shares are deemed to have a nominal or par value of \$0.01 per share.)

Total Authorized Shares (Number of Shares)	Class of Stock	Par Value Per Share
1		100
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you desire, you may include a statement of all or any of the designations and the power, preferences, and rights, including voting rights, and the qualifications, limitations, or restrictions of them which are permitted by the provisions of RIGL 7-1.2. State any provisions here (optional): Check the box to indicate an attachment

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

Agent Name **JALON ROGERS**

Street Address (NOT a P.O. Box) **160 WARWICK AVE**

City/Town <b>CRANSTON</b>	State <b>RHODE ISLAND</b>	Zip Code <b>02905</b>
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4. The corporation has the purpose of engaging in any lawful business, and shall have perpetual existence until dissolved or terminated in accordance with RIGL 7-1.2.

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5. Additional provisions, if any, not inconsistent with RIGL 7-1.2 which the incorporators elect to have set forth in these Articles of Incorporation:

Check the box to indicate an attachment

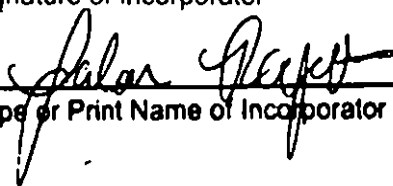
6. The name and address of each incorporator is:

Name JALON ROGERS	Address 160 WARWICK AVE	
City/Town CRANSTON	State RI	Zip Code 02905
Name	Address	
City/Town	State	Zip Code
Name	Address	
City/Town	State	Zip Code

7. Date when these Articles of Incorporation 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) \_\_\_\_\_

8. Under penalty of perjury, I/we declare and affirm that I/we have examined these Articles of Incorporation, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of Incorporator JALON ROGERS	Date 02/08/2024
Signature of Incorporator 	
Type or Print Name of Incorporator	Date
Signature of Incorporator	
Type or Print Name of Incorporator	Date
Signature of Incorporator	

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](mailto:corporations@sos.ri.gov).



State of Rhode Island  
**Department of State | Office of the Secretary of State**  
Gregg M. Amore, *Secretary of State*

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 08, 2024 11:53 AM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

