Filing Fee: \$50.00

ID Number: ______1661476

	Office of Co 14 Providence	ND AND PROVIDENCE PLANTATIONS of the Secretary of State proporations Division 48 W. River Street 9, Rhode Island 02904-2615 LIABILITY COMPANY	KECEVVEI Secretary of S Corporations
_		ATE OF CORRECTION	0 014TE 014 9: 57
	rsuant to the provisions of Section 7-16-13 of the ited liability company hereby submits the following		ended, the undersigned
1.	The name of the limited liability company is: Hainey Insurance LLC		
2 .	The document to be corrected isArticles of (Organization	
3.	The name of each party to the document being corrected is Thomas A Tarro III		
4.	The date the document being corrected was filed is $3/18/16$		
5.	e typographical error, error of transcription or other technical error, or the defect in the execution of the document, is: Im 3 should have the box checked for a corporation (not the disregarded entity), for the purposes		
6.	The corrected portion of the document states as for box checked for a corporation, for the purpos		
Dat	3/22/16 FILED 9:57 MAR 3 1 2016 No. 403 By 271 360	accompanying attachments, and that all s herein are true and correct. Hainey Insurance LLC Print Name of Limited Liability C	tion, including any statements contained Company
Form	No. 403 By \$ 271 360		



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:

Tulli U. Hole

Nellie M. Gorbea Secretary of State

