



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Certificate of Correction

Limited Liability Company.

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-16-13 the undersigned limited liability company hereby submits the following Certificate of Correction.

1. Entity ID Number: 001686627	2. The name of the limited liability company is: The Velvet Beret LLC
3. The document to be corrected is: Articles of Organization	
4. The name of each party to the document being corrected is: Janet Lancellotta	
5. The date the document being corrected was originally filed on: 07/24/2018	
6. The typographical error, error of transcription or other technical error, or the defect in the execution of the document is: In Article III: the limited liability company is intended to be treated for purposes of federal income taxation as: <u> X </u> a corporation <div style="text-align: right;">Check the box to indicate an attachment <input type="checkbox"/></div>	
7. The new corrected portion of the document states as follows: In Article III: the limited liability company is intended to be treated for purposes of federal income taxation as: <u> X </u> a partnership <div style="text-align: right;">Check the box to indicate an attachment <input type="checkbox"/></div>	

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2019 MAR -1 AM 11:42

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 403 - Revised: 01/2019

FILED

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BY ML40S
A.A. 11:42 AM.

8. As required by RIGL 7-16-67, the entity has paid all fees and taxes.

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 Limited Liability Company

The Velvet Beret LLC

Date

02/25/2019

Signature of Authorized Person

Amos Lancelotti member 2/25/19

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.

FORM 403 - Revised 01/2019



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:

March 01, 2019 11:42 AM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

