Filing Fee: \$50.00

ID Number: 00/696763



Revised: 12/05

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

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:

1.	The page of the corporation is: [Allion Hadlail Inc			
2.	The document to be corrected is _ ARTICLES OF INCORPORATION			
3.	The document being corrected was originally filed on			
4.	Specify the inaccurate record of the corporate action or the defective or erroneous execution, seal or acknowledgement:			
	GAllion HAVIORA INC			
5.	The corrected portion of the document states as follows:			
	GALLEON HAWlinG In2			
6.	The document attached to this certificate is the corrected document.			
7.	7. This Certificate of Correction shall be effective upon filing unless a specified date is provided which shall be no lithan the 90 th 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. Signature of Authorized Officer of the Corporation Type or Print Name of Authorized Officer			

ZCCIZ



State of Rhode Island and Providence Plantations

Department of State - Business Services Division 2019 AUG - 1 AM 9: 14

Articles of Incorporation

DOMESTIC Business Corporation

→ Filing Fee: \$230.00 minimum

The undersigned, acting as incorporator(s) of adopt(s) the following Articles of Incorporation		.2-202.			
The name of the corporation is:	Tor such corporation.				
GAILEON HAULIN	a Inc				
Is this a close corporation pursuant to RIC	GL <u>7-1.2-1701</u> of the General La	ws, 1956, as amended? Yes No			
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			
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 register	ered agent/office in Rhode Island	d is:			
Agent Name DEAN PEPPE	?R				
Street Address (NOT a P.O. Box) 48 C/EM (A	wee st				
CITY/TOWN CAANSTON	State RHODE	ISLAND Zip Code 020			
4. The corporation has the purpose of engag or terminated in accordance with RIGL <u>7-1.2</u> .		shall have perpetual existence until dissolved			

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

STAILP

FORM 100 - Revised: 11/2017

5. Additional provisions, if any, not inconsistent with RIGL <u>7-1.2</u> which the incorporators elect to have set forth in these Articles of Incorporation:					
· · · · · · · · · · · · · · · · · · ·	Check the b	ox to indicate an attachment			
6. The name and address of each incorporator is:					
Name DEAN PEPPER	Address 48 CIEM	ence st			
City/Town CHANSTON	State P I	ewel 5T Zip Code 02919			
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 ONLY BOX					
Date received (Upon filing) Later effective date (Date must be no more than 90 days from the date of filing)					
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 DEAU DEPPER	Date 9-1-19				
Signature of Incorporator Sign DOCUMENT HERE					
Type or Print Name of Incorporator		Date			
Signature of Incorporator SIGN DOCUMENT HERE					
Type or Print Name of Incorporator		Date			
Signature of Incorporator SIGN DOC	UMENT HERE				