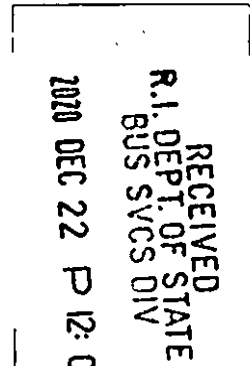




State of Rhode Island

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:<br><br>001692531  | 2. The name of the limited liability company is:<br><br>Bridge Group LLC. |
| 3. The document to be corrected is:<br>Application for Registration of Foreign Limited Liability Company   |   |
| 4. The name of the individual(s) who signed the document being corrected is:<br>Mona Albanese  |   |
| 5. The date the document being corrected was originally filed on:<br>February 1, 2019  |   |
| 6. The typographical error, error of transcription or other technical error, or the defect in the execution of the document is:<br><br>A comma was omitted in the entity name registered as Bridge Group LLC. The correct name of the Delaware limited liability company is Bridge Group, LLC. |   |
| Check the box to indicate an attachment <input type="checkbox"/>   |   |
| 7. The new corrected portion of the document states as follows:<br><br>The exact name of the foreign limited liability company registered in Rhode Island should include the comma as Bridge Group, LLC  |   |
| Check the box to indicate an attachment <input type="checkbox"/>   |   |
| 8. As required by RIGL 7-16-67, 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**

**DEC 22 2020**

BY dt JWZJX

FORM 403 - Revised 08/2020

12:01

*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.*

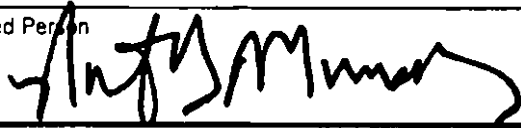
Type or Print Name of Limited Liability Company

Bridge Group, LLC

Date

12-22-20

Signature of Authorized Person

 Esq.



State of Rhode Island

**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,  
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:

December 22, 2020 12:07 PM

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

Nellie M. Gorbea  
*Secretary of State*

