



State of Rhode Island
Department of State - Business Services Division

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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: 001716948	2. The name of the corporation is: DMF FASHION, INC.
3. The document to be corrected is: ARTICLES OF INCORPORATION	4. The date the document being corrected was originally filed: 12/31/2020
5. Specify the inaccurate record of the corporate action or the defective or erroneous execution, seal or acknowledgment: THE NAME LISTED IN SEC. 2 ABOVE WAS INCORRECT IN THE ARTICLES OF INCORPORATION FILED ONLINE ON 12/31/2020. NEW ARTICLES OF INCORPORATION ATTACHED.	
6. The new corrected portion of the document states as follows: CORRECTED NAME IS : D.M. FASHION, INC.	
7. The corrected document MUST be attached to this certificate.	
8. As required by RIGL <u>7-1.2-105</u> , the entity has paid all fees and taxes.	

Check the box to indicate an attachment

Check the box to indicate an attachment

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

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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.

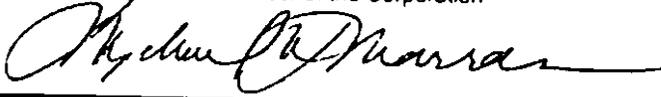
Type or Print Name of Authorized Officer of the Corporation

MICHAEL K. MARRAN, ESQ.

Date

1/5/2021

Signature of Authorized Officer of the Corporation





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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: D.M. FASHION, INC.		
Is this a close corporation pursuant to RIGL 7-1.2-1701 of the General Laws, 1956, as amended? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	COMMON	NONE
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 <input type="checkbox"/>		
3. The name and address of the initial registered agent/office in Rhode Island is:		
Agent Name DONNA M. FARRELL		
Street Address (NOT a P.O. Box) 300 INDIAN AVE		
City/Town PORTSMOUTH	State RHODE ISLAND	Zip Code 02871
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

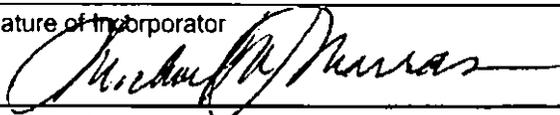
6. The name and address of each incorporator is:

Name MICHAEL K. MARRAN, ESQ.	Address 55 CEDAR ST. SUITE 100	
City/Town PROVIDENCE	State RI	Zip Code 02903
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) _____

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 MICHAEL K. MARRAN	Date 1/5/2021
Signature of Incorporator 	
Type or Print Name of Incorporator	Date
Signature of Incorporator	
Type or Print Name of Incorporator	Date
Signature of Incorporator	



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:

January 06, 2021 11:33 AM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

