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State of Rhode Island  Department of State - Business Services	Division	
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## Certific

Limited Liability Company

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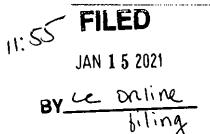
ursuant to the provisions ou bmits the following Certific		y company hereby
1. Entity ID Number:	2. The name of the limited liability compa	ny is:
001717726	56 Cross st 11C	
3. The document to be core Articles Of Organization	rected is:	
4. The name of the individu ynn Gibbons	ual(s) who signed the document being correcte	ed is:
5. The date the document    /14/21	being corrected was originally filed on:	
6. The typographical error, effective date 2/1/2021	error of transcription or other technical error, of	or the defect in the execution of the document is:
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MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov



Type or Print	Name of Limited Liability Company	Date
	Sh Caussian Ula	1/1/2-121

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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 15, 2021 11:55 AM

Nellie M. Gorbea Secretary of State

Tulli U. Horler

