State of Rhode Island
Department of State - Business Services Division

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CUS SVCS DIV
2021 MAR 25 P 1:59

Certificate of Correction

DOMESTIC or FOREIGN Business Corporation

→ ~~Filing Fee: $50.00~~ no fee

Pursuant to the provisions of RIGL 7-1.2-105 the undersigned corporation hereby submits the following Certificate of Correction:

1. Entity ID Number:	2. The name of the corporation is:
001721077	Expressions of Healing Counseling, Inc.

3. The document to be corrected is:	4. The date the document being corrected was originally filed:
Articles of Incorporation	03/22/2021

5. Specify the inaccurate record of the corporate action or the defective or erroneous execution, seal or acknowledgment:

Article I: No corporate ending
Article:II: *No authorized shares*
ArticleIII: incorrect address
Article VI: incorrect last name
Article VII: incorrect siganture

Check the box to indicate an attachment ☐

6. The new corrected portion of the document states as follows:

Article I: Expressions of Healing Conseling, Inc.
Article:II: Authorized shares = 500
ArticleIII: 236a Lexington Ave., North Providence, RI 02904
Article VI: Guadalupe Diaz 236a Lexington Ave., North Providence, RI 02904
Article VII: Guadalupe Diaz

Check the box to indicate an attachment ☐

7. The corrected document ***MUST*** be attached to this certificate.

8. As required by RIGL 7-1.2-105, 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

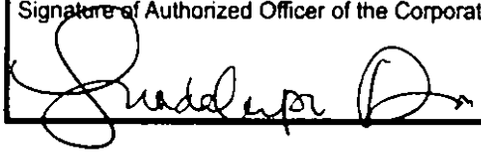
FILED
MAR 25 2021
BY A.A. 1:59pm

FORM 113 - Revised 08/2020

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	Date
Guadalupe Diaz	03/23/21

Signature of Authorized Officer of the Corporation



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.

State of Rhode Island
Department of State - Business Services Division

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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:

Expressions of Healing Counseling, Inc.

Is this a close corporation pursuant to RIGL 7-1.2-1701 of the General Laws, 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***
500	CNP	0.01

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 registered agent/office in Rhode Island is:

Agent Name: Guadalupe Diaz

Street Address (NOT a P.O. Box): 236a Lexington Ave.

City/Town	State	Zip Code
North Providence	**RHODE ISLAND**	02904

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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Website: www.sos.ri.gov

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	Address	
Guadalupe Diaz	236a Lexington Ave.	
City/Town: North Providence	State: RI	Zip Code: 02904
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	Date
Guadalupe Diaz	03/22/21

Signature of Incorporator

Guadalupe Diaz

Type or Print Name of Incorporator	Date

Signature of Incorporator

Type or Print Name of Incorporator	Date

Signature of Incorporator

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.

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:

March 25, 2021 01:59 PM

Nellie M. Gorbea
Secretary of State