



State of Rhode Island

Department of State - Business Services Division

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2021 APR - 6 A 11: 38

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: 001721054	2. The name of the limited liability company is: 67 Gilbane Street LLC
3. The document to be corrected is: Articles of Organization	
4. The name of the individual(s) who signed the document being corrected is: Joseph F. Penza, Jr.	
5. The date the document being corrected was originally filed on: March 22, 2021	
6. The typographical error, error of transcription or other technical error, or the defect in the execution of the document is: Under the terms of these Articles of Organization and any written operating agreement made or intended to be made, the limited liability company is intended to be treated for purposes of federal income taxation as: a partnership	
Check the box to indicate an attachment <input type="checkbox"/>	
7. The new corrected portion of the document states as follows: Under the terms of these Articles of Organization and any written operating agreement made or intended to be made, the limited liability company is intended to be treated for purposes of federal income taxation as: disregarded as an entity separate from its member	
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

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FORM 403 - 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.

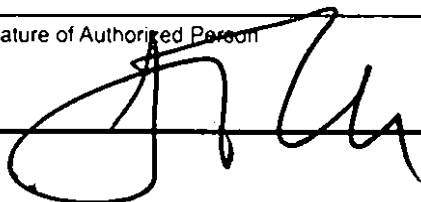
Type or Print Name of Limited Liability Company

67 Gilbane Street LLC

Date

4/6/2021

Signature of Authorized Person



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.

FORM 403 - Revised 08/2020



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:

April 06, 2021 11:38 AM

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

Nellie M. Gorbea

Secretary of State

