RI SOS Filing Number: 202196000590 Date: 4/19/2021 11:48:00 AM



State of Rhode Island

Department of State - Business Services Division

Certificate of Correction

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL <u>7-1 2-105</u> the undersigned corporation hereby submits the following Certificate of Correction:

| following Certificate of Correction: | | | <u></u> | |
|--|--|--|-------------------------|--|
| Entity ID Number | 2. The name of the corpora | 2. The name of the corporation is: | | |
| 001681695 | Traditional Martial Arts R.I. | Traditional Martial Arts R.I. Incorporated | | |
| 3. The document to be corrected is: | | 4. The date the document being c | orrected was originally | |
| Articles of Incorporation | | filed: 2/20/18 | | |
| 5. Specify the inaccurate reco | ord of the corporate action or the | e defective or erroneous execution, | seal or acknowledgment: | |
| Frank Soltys 17 River st West V Joseph Fontaine with the a dress | Varwick, RI 02893 as 1 of the 3 Inco of 17 river st West Warwick. RI 02 | orporators in ULIUR 893 is inaccurate | > in sedan | |
| ADDRUSS | | | | |
| | | | | |
| | | Check the box to | indicate an attachment | |
| 6. The new corrected portion | of the document states as follow | | | |
| Matthew Bird 135 2nd st E Joseph Fontaine 4 Winthro | | > Section (| 0 | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | Check the box to | indicate an attachmen | |
| 7. The corrected document M | UST be attached to this certification | ate. | | |
| 8. As required by RIGL <u>7-1.2-</u> | 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 APR 1 9 2021 520 P4 11.48 A.m.

| 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 | | | |
| Matthew E Bird | 4/13/21 | | | |
| Signature of Authorized Officer of the Corporation | 1 | | | |

Articles of Incorporation

DOMESTIC Business Corporation

→ Filing Fee: \$230.00 minimum

MAIL TO:

Division of Business Services

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

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

START

| The name of the corporation is: | | | |
|--|--|---|--|
| Traditional Martial Arts R.I. Incorporate | d | | |
| Is this a close corporation pursuant to f | RIGL <u>7-1.2-1701</u> of the General La | iws, 1956, as amended? Yes No | |
| 2 The total number of shares which the co (Unless otherwise stated, all authorized | orporation has the authority to issu I shares are deemed to have a nor | ne is: minal or par value of \$0.01 per share.) | |
| Total Authorized Shares (Number of Shares) | Class of Stock | Par Value Per Share | |
| 100 | no par value | | |
| | | | |
| | | | |
| | | | |
| oting rights, and the qualifications, limitation | of all or any of the designations and t ns, or restrictions of them which are | he power, preferences, and rights, including permitted by the provisions of RIGL <u>7-1,2</u> . Check the box to indicate an attachment. | |
| voting rights, and the qualifications, limitation State any provisions here (optional): | ns, or restrictions of them which are | permitted by the provisions of RIGL <u>7-1,2</u> . Check the box to indicate an attachment. [| |
| voting rights, and the qualifications, limitation State any provisions here (optional): 3. The name and address of the initial regional Name | ns, or restrictions of them which are | permitted by the provisions of RIGL <u>7-1,2</u> . Check the box to indicate an attachment. [| |
| yoting rights, and the qualifications, limitation State any provisions here (optional): 3. The name and address of the initial reginated and the state of the state of the initial reginated and the state of the st | ns, or restrictions of them which are | permitted by the provisions of RIGL <u>7-1,2</u> . Check the box to indicate an attachment. [| |
| voting rights, and the qualifications, limitation State any provisions here (optional): 3. The name and address of the initial regional Name | ns, or restrictions of them which are | permitted by the provisions of RIGL <u>7-1,2</u> . Check the box to indicate an attachment. [| |
| Noting rights, and the qualifications, limitation of State any provisions here (optional): 3. The name and address of the initial region of the initial r | istered agent/office in Rhode Islan | permitted by the provisions of RIGL <u>7-1,2</u> . Check the box to indicate an attachment. [| |

STAMO

| 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: | JE <u>(- 1,∠</u> Willon the moo _{rl} | porators elect to have set form in these | | | | |
| · · | • | | | | | |
| | | | | | | |
| _ | | | | | | |
| • | | | | | | |
| | | | | | | |
| | , | | | | | |
| | | Check the box to indicate an attachment. | | | | |
| The name and address of each incorporator is: | т | | | | | |
| Name Matthew E Bird | 135 2nd s | Address 135 2nd st | | | | |
| City/Town East Providence | State RI | Zip Code 02914 | | | | |
| Name Joseph B Fontaine | Address 4 Winthre | Address 4 Winthrop st | | | | |
| City/Town Cranston | State RI | Zip Code 02910 | | | | |
| Name | Address | | | | | |
| City/Town | State | Zip Code | | | | |
| 7. Date when these Articles of Incorporation will be effe | 7. Date when these Articles of Incorporation will be effective: CHECK ONLY ONE BOX | | | | | |
| ✓ Date received (Upon filing) | | | | | | |
| Later effective date (Date must be no more than 90 | 0 days from the day of fi | iling) | | | | |
| Under penalty of perjury, I/we declare and affirm that I/v accompanying attachments, and that all statements cor | | | | | | |
| Type or Print Name of Incorporator | | Date | | | | |
| Matthew E Bird | | 4/2/21 | | | | |
| Signature of Incorporator SIGN DOCUMENT HERE | | | | | | |
| Type or Print Name of Incorporator | | Date | | | | |
| Joseph B Fontaine | , | 4/2/21 | | | | |
| Signature of Incorporator SIGN D | OCUMENT HERE | • | | | | |
| Type or Print Name of Incorporator | | Date | | | | |
| | | | | | | |
| Signature of Incorporator SIGN D | OCUMENT HERE | | | | | |

RI SOS Filing Number: 202196000590 Date: 4/19/2021 11:48:00 AM



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 19, 2021 11:48 AM

Nellie M. Gorbea Secretary of State

Tullin U. Horler

