



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

2021 JUN 17 P 2:50

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# 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: <b>001725626</b>	2. The name of the limited liability company is: <b>Newport Center LLC</b>
3. The document to be corrected is: <b>Articles of Organization</b>	
4. The name of each party to the document being corrected is: <b>Jeffrey Charneski, Robert Schiavo</b>	
5. The date the document being corrected was originally filed on: <b>6/17/21</b>	
6. The typographical error, error of transcription or other technical error, or the defect in the execution of the document is: <b>In Article IV, the zip code is incorrectly stated as 02903</b> <b>In Article VII, the first Manager's name is spelled incorrectly as Jeffrey Charnesky</b> <b>In Article VIII, the Authorized Signer's name is spelled incorrectly as Jeffrey Charnestky</b>	
Check the box to indicate an attachment <input type="checkbox"/>	
7. The new corrected portion of the document states as follows: <b>In Article IV, the correct zip code is 02026</b> <b>In Article VII, the first Manager's correct name spelling is Jeffrey Charneski</b> <b>In Article VIII, the Authorized Signer's correct name spelling is Jeffrey Charneski</b>	
Check the box to indicate an attachment <input type="checkbox"/>	

## MAIL TO:

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

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**JUN 17 2021**

BY 272118

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8. As required by RIGL 7-16-67, the entity has paid all fees and taxes.

*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.*

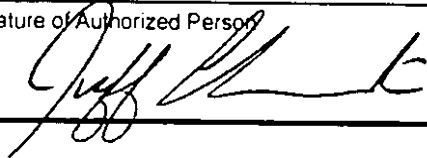
Type or Print Name of Limited Liability Company

**Newport Center LLC**

Date

**6/17/2021**

Signature of Authorized Person



Printed Name of Authorized Person



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:

June 17, 2021 02:50 PM

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

Nellie M. Gorbea

*Secretary of State*

