State of Rhode Island
Department of State - Business Services Division

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2021 JUL 19 A 11:11

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:	2. The name of the limited liability company is:
001726365	True Infusions, 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:
Robert G. Anderson

5. The date the document being corrected was originally filed on:
7/2/2021

6. The typographical error, error of transcription or other technical error, or the defect in the execution of the document is:

The LLC is to be treated for the purposes of federal taxation as a partnership. This was a typo.

Check the box to indicate an attachment ☐

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

The LLC is to be treated for the purposes of federal taxation as a corporation.

Check the box to indicate an attachment ☐

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

FILED
JUL 19 2021
BY QM3ZB
11:11

FORM 403 - Revised: 07/2021

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.		
Name of Authorized Person Robert G. Anderson	Street Address 46 Cushing Street	
City/Town North Providence	State RI	Zip Code 02904-5350
Signature of Authorized Person Robert G. Anderson		Date 7/19/21

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.