



State of Rhode Island  
Department of State - Business Services Division

## 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>001726328</b>	2. The name of the limited liability company is: <b>K &amp; K Real Estate Building and Development LLC</b>
3. The document to be corrected is: <b>Articles of Incorporation</b>	
4. The name of the individual(s) who signed the document being corrected is: <b>J Raymond Pearson, Jr</b>	
5. The date the document being corrected was originally filed on: <b>July 1, 2020</b>	
6. The typographical error, error of transcription or other technical error, or the defect in the execution of the document is: <b>ARTICLE III</b>  The limited liability company is intended to be treated for purposes of federal income taxation as: The box "Partnership" was marked in error.  <div style="text-align: right;">Check the box to indicate an attachment <input type="checkbox"/></div>	
7. The new corrected portion of the document states as follows: <b>ARTICLE III</b>  The limited liability company is intended to be treated for purposes of federal income taxation as a corporation. The box "a corporation" is the box to be checked.  <div style="text-align: right;">Check the box to indicate an attachment <input type="checkbox"/></div>	
8. As required by RIGL <u>7-16-67</u> , the entity has paid all fees and taxes.	

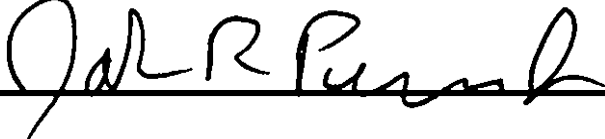
### MAIL TO:

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

**FILED**  
SEP 27 2021  
BY 11100  
FORM 403 - Revised: 07/2021  
**A.A. 3:47 AM**

STAMP  
2021 SEP 27 PM 3:47  
RI DEPT OF STATE  
BUS SVCS DIV

*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 J Raymond Pearson, JR	Street Address 1130 Ten Rod Road, Bldg. F 206	
City/Town North Kingstown	State RI	Zip Code 02852
Signature of Authorized Person 		Date 09/23/21



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:

September 27, 2021 03:47 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea", is written in a cursive style.

Nellie M. Gorbea  
*Secretary of State*

