

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

Reeb Millwork of New England, LLC

Date

10/14/2021

Signature of Authorized Person

Scott Kerr

Filing Fee: \$50.00

ID Number: _



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

FICTITIOUS BUSINESS NAME STATEMENT
(To Be Filed In Duplicate)

Pursuant to the provisions of Section 7-1.1-7.1, 7-16-9 or 7-13-2 of the General Laws, 1956, as amended, the undersigned business corporation, limited liability company or limited partnership hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

- 1. The legal name of the applicant business corporation, limited liability company or limited partnership is: Reeb Millwork of New England, Inc.
2. The fictitious business name to be used is Brodeur Window Distributors, Inc.
3. The state or territory under the laws of which it is incorporated, organized or formed is Rhode Island
4. The date of incorporation, organization or formation is November 12, 2004
5. If a business corporation, the address of its registered office within Rhode Island is 40 Walker Street, Lincoln, Rhode Island 02865
6. If a business corporation, the business in which it is engaged the sale of millwork products
7. Applicant is otherwise authorized to do business in the state of Rhode Island.

Under penalty of perjury, I declare that the information contained herein is true and correct.

Date: November 15, 2004

Reeb Millwork of New England, Inc.

Name of Applicant Corporation, Limited Liability Company or Limited Partnership

FILED

NOV 16 2004

By AMF

50059

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RECEIVED
SECRETARY OF STATE
PROVIDENCE, RHODE ISLAND

By [Signature] President
Signature of Officer for the Corporation Title

or

By _____
Signature of Authorized Person for the Limited Liability Company

or

By _____
Signature of Authorized Person for the Limited Partnership



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:

October 15, 2021 02:33 PM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

