



State of Rhode Island
Department of State - Business Services Division

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RI DEPT. OF STATE
BUS SVCS DIV
2022 JAN - 5 7 AM 9:06

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: 1731567	2. The name of the limited liability company is: PellOverton LLC
3. The document to be corrected is: Application for Registration for a Domestic Limited Liability Company	
4. The name of the individual(s) who signed the document being corrected is: Benjamin Pell	
5. The date the document being corrected was originally filed on: 11/03/2021	
6. The typographical error, error of transcription or other technical error, or the defect in the execution of the document is: We incorrectly filed for registration of our company using a Domestic Limited Liability Company application, when we should have instead used a Foreign Limited Liability Company application. The original applications as a Domestic LLC has subsequently been approved. We are filing this correction to supersede the approved Domestic LLC application with a new Foreign LLC application that we will be filing immediately with the Department of State (attached). <p style="text-align: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></p>	
7. The new corrected portion of the document states as follows. Please see attached application for registration of a Foreign LLC to supersede the previously accepted Domestic LLC application for PellOverton LLC. <p style="text-align: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></p>	
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

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JAN 05 2022

BY J.P. SCG/HX

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 Benjamin Pell	Street Address 217 Hope Street	
City/Town Providence	State RI	Zip Code 02906
Signature of Authorized Person 		Date 11/09/21



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Application for Registration
 FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

Pursuant to the provisions of RIGL 7-16-49, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the limited liability company is:		
PellOverton LLC		
Is this company organized in its state or country of formation as a low-profit limited liability company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
The name, if different, under which it proposes to register and transact business in Rhode Island is:		
2. The LLC is organized under the laws of: New York State		
3. The date of its organization is: 03/17/06		
And the period of its duration is: CHECK ONE BOX ONLY		
<input checked="" type="checkbox"/> Perpetual (on-going)		
<input type="checkbox"/> Date certain for dissolution _____		
4. The name and address of the resident agent/office in Rhode Island is:		
Agent Name Benjamin Pell		
Street Address (<u>NOT</u> a P.O. Box) 146 Westminster Street, 3rd Floor		
City/Town Providence	State RHODE ISLAND	Zip Code 02903
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:		
Architectural Services		
Check the box to indicate an attachment <input type="checkbox"/>		

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 BY

6. The RI Department of State is appointed the agent of the foreign limited liability company for service of process if, at any time, there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.

7. The address of the office required to be maintained in the state or country of its organization by the laws of that state or, if not so required, of the principal office of the foreign limited liability company is:

146 Westminster Street, 3rd Floor, Providence, RI 02903

8. The mailing address for the limited liability company is:

146 Westminster Street, 3rd Floor, Providence, RI 02903

9. Management of the Limited Liability Company

The Limited Liability Company is to be managed by: **CHECK ONLY ONE BOX**

By its members (If you have checked this box, **DO NOT** fill out the chart below)

By one (1) or more managers (List managers below)

MANAGER	ADDRESS

10. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of filing.

11. Date when this application for Certificate of Registration will be effective: **CHECK ONE BOX ONLY**

Date received (Upon filing)

Later effective date (Date must be no more than 90 days from the date of filing) _____

Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of LLC PellOverton LLC	Date 11/09/21
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Signature of Authorized Person 

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Acting Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: PELLOVERTON LLC
DOS ID Number: 3335774
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY
Entity Status: EXISTING
Date of Initial Filing with DOS: 03/17/2006

Statement Status: CURRENT
Statement Due Date: 03/31/2022

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department of State,
at the City of Albany, on December 14, 2021 at 12:47 P.M.

ROBERT J. RODRIGUEZ, Acting Secretary of State



Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State

Authentication Number: 100000771641 To Verify the authenticity of this document you may access the
Division of Corporation's Document Authentication Website at <http://ecorp.dos.ny.gov>



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:

January 05, 2022 09:06 AM

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

Nellie M. Gorbea
Secretary of State

