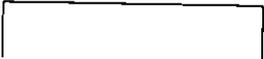




State of Rhode Island
Department of State - Business Services Division



Certificate of Correction

Limited Liability Company

→ Filing Fee: \$50.00

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

STAMP

FOR
SECRETARY OF STATE
USE ONLY

2022 AUG 17 A 11:15

Pursuant to the provisions of RIGL 7-16-13 the undersigned limited liability company hereby submits the following Certificate of Correction:



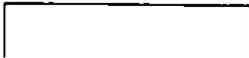
1. Entity ID Number: 001744916	2. The name of the limited liability company is: TAY-L's Investment LLC
3. The document to be corrected is: Articles of Organization Domestic Limited Liability Company	
4. The name of the individual(s) who signed the document being corrected is: Amanda J Thornley	
5. The date the document being corrected was originally filed on: 8/16/2022	
6. The typographical error, error of transcription or other technical error, or the defect in the execution of the document is: Agent name Amanda J Thornley 21 Clairmont St Cumb RI 02864 managers James Lee 14102 Mineral Spring Ave P. Prov. RI 02904 Lisa Bowry 2 Valley St Central Falls RI 02863	
7. The new corrected portion of the document states as follows: Agent Name Raymond F Bruzzese 1478 Atwood Ave suite 202 Johnston RI 02919 managers Amanda J Thornley 21 Clairmont St Cumberland RI 02864 Raymond F Bruzzese 1478 Atwood Ave suite 202 Johnston, RI 02919	
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
AUG 17 2022
STAMP
BY MB GNB:9.5 1115

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 <i>Amanda J Thorneley</i>		Street Address <i>21 Clairmont St</i>	
City/Town <i>Cumberland</i>	State <i>RI</i>	Zip Code <i>02864</i>	
Signature of Authorized Person <i>Amanda J Thorneley</i>		Date <i>8/17/22</i>	



Articles of Organization
 DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

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2022 AUG 17 A 11:15

Pursuant to the provisions of RIGL 7-16, the following Articles of Organization are adopted for the limited liability company to be organized hereby:



1. The name of the limited liability company is:		
JAY-L's Investment LLC		
2. The name and address of the initial resident agent/office in Rhode Island is:		
Agent Name		
Raymond F Bruzzese		
Street Address (NOT a P.O. Box)		
1478 Atwood Ave suite 202		
City/Town	State	Zip Code
Johnston	RHODE ISLAND	02919
3. Under the terms of these Articles of Organization and any written operating agreement made or intended to be made, the limited liability company is intended to be treated for purposes of federal income taxation as (CHECK ONE BOX):		
<input type="checkbox"/> partnership or <input checked="" type="checkbox"/> a corporation or <input type="checkbox"/> disregarded as an entity separate from its member(s)		
4. The address of the principal office of the limited liability company, if it is determined at the time of organization:		
Street Address		
1412 R Mineral Spring Ave		
City/Town	State	Zip Code
North Providence	RI	02904
5. The limited liability company has the purpose of engaging in any lawful business, and shall have perpetual existence until dissolved or terminated in accordance with RIGL 7-16, unless a more limited purpose or duration is set forth in Section 6 of these Articles of Organization.		

FILED 1115

AUG 17 2022

BY MB GNB95



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

6. Additional provisions, if any, not consistent with law, which the member(s) elect to have set forth in these Articles of Organization, including, but not limited to, any limitation of the purpose(s) or duration for which the limited liability company is formed, and any other provision which may be included in an operating agreement:

Check this box to indicate attachment

7. The Limited Liability Company is to be managed by:

You **MUST** check one box:

- Its member(s) (If you have checked this box, skip to Section 8. Do not fill out the chart below.)
- One (1) or more manager(s) (If the limited liability company has manager(s) at the time of the filing of these Articles of Organization, state the name and address of each manager below.)

MANAGER	ADDRESS
Amanda J Thornley	21 Clairmont St Cumberland RI 02864
Raymond F Bruzese	1478 suite 202 Alwood Ave Johnston RI 02919

8. Date when these Articles of Organization 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 these Articles of Organization, including any accompanying attachments, and that all statements contained herein are true and correct.

Name of Authorized Person		Address	
Amanda J Thornley		21 Clairmont St	
City/Town	State	Zip Code	
Cumberland	RI	02864	
Signature of Authorized Person			Date
Amanda J Thornley			8/17/22



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:

August 17, 2022 11:15 AM

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

Nellie M. Gorbea
Secretary of State

