

State of Rhode Island

## **Department of State - Business Services Division**

RECEIVED R.J. DEPT. OF STATE BUS SYCS DIV

2022 SEP 17 PM 2: 40

## **Certificate of Correction**

Limited Liability Company

→Filing Fee: \$50.00

Pursuant to the provisions of R submits the following Certificate	IGL <u>7-16-13</u> the undersigned limited liate of Correction:	pility company hereby
Entity ID Number:	2. The name of the limited liability com	pany is:
001745550	Backer Shap Grooming, L	LC
3. The document to be correct		
Articles of ORa	anization	
4. The name of the individual(	s) who signed the document being corre	ected is:
5. The date the document beir 8/3।/2つ	ng corrected was originally filed on:	
6. The typographical error, erro	or of transcription or other technical erro	r, or the defect in the execution of the document is:
Address 1895 Ea	st Main Road, Unit 2	
Portama	uth, RI 02871	
Management Struc	store: manager	
		Check the box to indicate an attachment
7. The new corrected portion of	of the document states as follows:	
address 1985 East	-Main Road, Unit 2	
Portsmout	th, RI 02871	
Monagement structu	ure: member managed	
		Check the box to indicate an attachment
8. As required by RIGL 7-16-6	7, 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

SEP 0 7 2022

FORM 403 - Revised: 12/2021

Under penalty of perjury, I declare and affirm accompanying attachments, and that all state	that I have examined this Certificale o ments contained herein are true and	of Correction, including any
Name of Authorized Person	Street Address	
Jamie Hichs	1985 Lost Main Road, Unit 2	
City/Town	State	Zip Code
Portsmouth	RI	2500/200 02871
Signature of Authorized Person	• • • • • • • • • • • • • • • • • • •	Date
Sun Hell		09/06/22