



2023 MAR 20 AM II: 27 -TANG

Certificate of Correction

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$50.00

Pursuant to the provisions o following Certificate of Corre		ned corporation hereby submits the		
1. Entity ID Number:	2. The name of the cor	2. The name of the corporation is:		
001754311	Kinnera, Inc.			
3. The document to be corrected is:		4. The date the document being of	corrected was originally	

Articles of Incorporation

3/13/2023

- 5. Specify the inaccurate record of the corporate action or the defective or erroneous execution, seal or acknowledgment:
- 1. Please change the name of the incorporator (=+ was miskelled)
- 2. Please list the principal address of the corporation

Check the box to indicate an attachment L

- 6. The new corrected portion of the document states as follows:
- (correct spelling) 1. Neelimadevi Sambaraju
- 2. 115 Lorden Dr., North Attleboro, MA 02760

Check the box to indicate an attachment

- 7. The corrected document MUST be attached to this certificate.
- 8. As required by RIGL 7-1.2-105, 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.n.gov

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 Authorized Officer of the Corporation

Date

3/17/2023

Signature of Authorized Officer of the Corporation



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

2023 MAR 20 AM 11: 27

STAMP

ANGE STATE

Articles of Incorporation DOMESTIC Business Corporation

→ Filing Fee: \$230.00 minimum

. The name of the corporation is:			
Kinnera, Inc.			
Is this a close corporation pursuant	t to RIGL <u>7-1.2-1701</u> of the General La	aws, 1956, as amended? 📝 Yes 🔲 No	
. The total number of shares which the (Unless otherwise stated, ell author	ne corporation has the authority to issuitzed shares are deemed to have a nor	ue is: minal or par value of \$0.01 per share.)	
Total Authorized Shares (Number of Shares)	Class of Stock	Par Value Per Share	
250000	CWP	\$.01	
f you desire, you may include a statem	ent of all or any of the designations and	the power, preferences, and rights, including	
oting rights, and the qualifications, limit	ent of all or any of the designations and tations, or restrictions of them which are	permitted by the provisions of RIGL <u>7-1.2</u> .	
oting rights, and the qualifications, limit	ent of all or any of the designations and tations, or restrictions of them which are	the power, preferences, and rights, including permitted by the provisions of RIGL 7-1.2. Check the box to indicate an attachment	
oting rights, and the qualifications, limit	ent of all or any of the designations and tations, or restrictions of them which are	permitted by the provisions of RIGL 7-1.2	
oting rights, and the qualifications, limit	ent of all or any of the designations and tations, or restrictions of them which are	permitted by the provisions of RIGL 7-1.2	
roting rights, and the qualifications, limi State any provisions here (optional):	ent of all or any of the designations and tations, or restrictions of them which are	permitted by the provisions of RIGL <u>7-1.2</u> . Check the box to indicate an attachment	
roting rights, and the qualifications, limi State any provisions here (optional):	lations, or restrictions of them which are	permitted by the provisions of RIGL <u>7-1.2</u> . Check the box to indicate an attachment	
roting rights, and the qualifications, limitiate any provisions here (optional): 3. The name and address of the initiate Agent Name PARASEARCH, INC.	lations, or restrictions of them which are	Check the box to indicate an attachment of is:	

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov STANS?

Additional provisions, if any, not inconsistent wantices of Incorporation:	rith RIGL 7-1.2 which the incorpor	ators elect to have set forth in these	
principal address of corporation: 115 Lorden Drive, North Attleboro, MA	02760		
6. The name and address of each incorporator		eck the box to indicate an attachment	
Name Neelimadevi Sambaraju	Address 115 Lorde	Address 115 Lorden Drive	
City/Town North Attleborough	State MA	Zip Code 02760	
Name	Address		
City/Town	State	Zip Code	
Name	Address		
City/Town	State	Zip Code	
7. Date when these Articles of Incorporation wil	be effective: CHECK ONE BOX	ONLY	
✓ Date received (Upon filing) Later effective date (Date must be no more	e than 90 days from the date of fil	ing)	
Under penalty of perjury, I/we declare and affirm accompanying attachments, and that all statem			
Type or Print Name of Incorporator	Date		
Neelimadevi Sambaraju	3/17/2023		
Signature of Incorporator Neelima de	wi Sambaraju		
Type or Print Name of Incorporator	Date		
Signature of Incorporator	<u> </u>	<u> </u>	
Type or Print Name of Incorporator	Date		
Signature of Incorporator	W. S. C.		
1			