



State of Rhode Island

Department of State - Business Services Division

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2023 APR -6 PM 1:29

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: 001742251	2. The name of the limited liability company is: BLOOM COUNSELING, LLC
3. The document to be corrected is: ARTICLES OF ORGANIZATION	
4. The name of the individual(s) who signed the document being corrected is: MEAGAN A. PETERSON	
5. The date the document being corrected was originally filed on: 6/20/22	
6. The typographical error, error of transcription or other technical error, or the defect in the execution of the document is: ARTICLE III- UNDER THE TERMS OF THERE ARTICLES OF ORGANIZATION AND ANY WRITTEN OPERATING AGRREMENT MADE OR INTENDED TO BE MADE, THE LLC COMPANY IS INTENDED TO BE TREATED FOR PURPOSES OF FEDERAL INCOME TAXATION AS: A CORPORATION <input type="checkbox"/> Check the box to indicate an attachment	
7. The new corrected portion of the document states as follows: ARTICLE III- UNDER THE TERMS OF THERE ARTICLES OF ORGANIZATION AND ANY WRITTEN OPERATING AGRREMENT MADE OR INTENDED TO BE MADE, THE LLC COMPANY IS INTENDED TO BE TREATED FOR PURPOSES OF FEDERAL INCOME TAXATION AS: DISREGARDED AS AN ENTITY SEPARATE FROM ITS MEMBER <input type="checkbox"/> Check the box to indicate an attachment	
8. As required by RIGL <u>7-16-67</u> , 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 1:29
APR 6 2023
BY: ASR4MB

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 MEAGAN A. PETERSON	Street Address 9 MIDWAY DRIVE	
City/Town NORTH KINGSTOWN	State RI	Zip Code 02852
Signature of Authorized Person 		Date 4/3/23



State of Rhode Island
Department of State | Office of the Secretary of State
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, 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:

April 06, 2023 01:29 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore
Secretary of State

