Date: 4/19/2023 1:17:00 PM RI SOS Filing Number: 202333415500



State of Rhode Island

Department of State - Business Services Division CEIVED NOT UEPT, OF STATE BUSINESS SYCS DIV

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

**Certificate of Correction** 

**Limited Liability Company** 

→ Filing Fee: \$50.00

2023 APR 19 PM 1:17

2023 MAR 29 PM 1: 28

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. 2. The name of the limited liability company is 45 GROVE 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 LYNN GIBBONS  5. The date the document being corrected was originally filed on 01/14/21  6. The typographical error, error of transcription or other technical error, or the defect in the expectation of the document states as follows:  ARTICLE III SHOULD INDICATE THAT THE TAX TREATMENT IS - DISREG SEPARATE FROM ITS MEMBER	
1. Entity ID Number.  2. The name of the limited liability company is  45 GROVE 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 LYNN GIBBONS  5. The date the document being corrected was originally filed on 01/14/21  6. The typographical error, error of transcription or other technical error, or the defect in the exit of the typographical error are trongly filed on the exit of the typographical error are trongly filed on the exit of the typographical error are trongly filed on the exit of the typographical error are trongly filed on the exit of the typographical error are trongly filed on the exit of the typographical error are trongly filed on the exit of the typographical error are trongly filed on the exit of the typographical error are trongly filed on the exit of the typographical error are trongly filed on the exit of the typographical error are trongly filed on the exit of the typographical error are trongly filed on the exit of the e	
3. The document to be corrected is: ARTICLES OF ORGANIZATION  4. The name of the individual(s) who signed the document being corrected is LYNN GIBBONS  5. The date the document being-corrected was originally filed on 01/14/21  6. The typographical error, error of transcription or other technical error, or the defect in the exit of the exit of the defect of the exit of the exi	
ARTICLES OF ORGANIZATION  4. The name of the individual(s) who signed the document being corrected is LYNN GIBBONS  5. The date the document being corrected was originally filed on 01/14/21  6. The typographical error, error of transcription or other technical error, or the defect in the example of the example of the document states as follows:  ARTICLE III SHOULD INDICATE THAT THE TAX TREATMENT IS - DISREG	
5. The date the document being corrected was originally filed on 01/14/21  6. The typographical error, error of transcription or other technical error, or the defect in the example of the technical error, or the defect in the example of the new corrected portion of the document states as follows:  ARTICLE III SHOULD INDICATE THAT THE TAX TREATMENT IS - DISREG	
6. The typographical error, error of transcription or other technical error, or the defect in the ex-  ACTICLE III Charled processes processes of the processes	
ARTICLE III SHOULD INDICATE THAT THE TAX TREATMENT IS - DISREG	
7. The new corrected portion of the document states as follows:  ARTICLE III SHOULD INDICATE THAT THE TAX TREATMENT IS - DISREG	
7. The new corrected portion of the document states as follows:  ARTICLE III SHOULD INDICATE THAT THE TAX TREATMENT IS - DISREG	x to indicate an attachment
<u> </u>	
	<del>-</del> ·
Check the b	ox to indicate an attachment
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



Under penalty of perjury, I declare and affirm accompanying attachments, and that all state	that I have examined this Certificate ements contained herein aro true an	e of Correction, including any d correct
Name of Authorized Person	Street Address	
LYNN GIBBONS	137 FRANKLIN ST	
City/Town	State	Zip Code
WESTERLY	RI	02891
Signature of Authorized Person		3/w/r3

RI SOS Filing Number: 202333415500 Date: 4/19/2023 1:17:00 PM



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 19, 2023 01:17 PM

Gregg M. Amore Secretary of State

Tregs M anore

