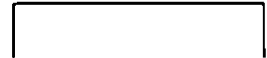




State of Rhode Island
Department of State - Business Services Division



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R.I. DEPT. OF STATE
BUS SVCS DIV
2023 MAY -3 P 2:34

Certificate of Correction
DOMESTIC or FOREIGN Non-Profit Corporation
→ Filing Fee: \$10.00

Pursuant to the provisions of RIGL 7-6-41.1 the undersigned corporation hereby submits the following Certificate of Correction:



1. Entity ID Number: 000157938	2. The name of the corporation is: Jestina L. goods foundation Inc.
3. The document to be corrected is: Articles of Amendment	4. The date the document being corrected was originally filed: 4-11-23
5. Specify the inaccurate record of the corporate action or the defective or erroneous execution, seal or acknowledgment: When Submitting the Articles of amendment I Selected Date certain of Dissolution for 3-31-2023 <p style="text-align: right;">Check the box to indicate an attachment <input type="checkbox"/></p>	
6. The new corrected portion of the document states as follows: Please reactivate the non profit and select Perpetual <p style="text-align: right;">Check the box to indicate an attachment <input type="checkbox"/></p>	
7. The corrected document MUST be attached to this certificate.	

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

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BY XHJFK

8. The correction was adopted in the following manner: **CHECK ONE BOX ONLY**

The correction was adopted at a meeting of the members held on 3-31-2023, at which meeting a quorum was present, and the correction received at least a majority of the votes which members present or represented by proxy at such meeting were entitled to cast.

The correction was adopted by a consent in writing on _____, signed by all members entitled to vote with respect thereto.

The correction was adopted at a meeting of the Board of Directors held on _____, and received the vote of a majority of the directors in office, there being no members entitled to vote with respect thereto.

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

Edifice Bernah

5-3-23

Signature of Authorized Officer of the Corporation

Edifice Bernah



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:

May 03, 2023 02:34 PM

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

Gregg M. Amore
Secretary of State

