



State of Rhode Island
Department of State - Business Services Division

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BUS SVCS DIV

2023 MAY 26 PM 1:14

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: 001745499 | 2. The name of the limited liability company is: A-M Construction Services 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: Aidan S Lawrence | |
| 5. The date the document being corrected was originally filed on: 8/31/2022 | |
| 6. The typographical error, error of transcription or other technical error, or the defect in the execution of the document is: Article III corporation should not have been checked <div style="text-align: right;">Check the box to indicate an attachment <input type="checkbox"/></div> | |
| 7. The new corrected portion of the document states as follows: Article III partnership should have been checked <div style="text-align: right;">Check the box to indicate an attachment <input type="checkbox"/></div> | |
| 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

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BY **A. NLMW**

FORM 403 Revised 12/2021

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

Aidan S Lawrence

Street Address

31 Walter Street

City/Town

Warwick

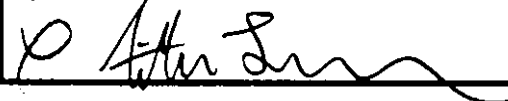
State

RI

Zip Code

02889

Signature of Authorized Person



Date

