

State of Rhode Island **Department of State - Business Services Division** 

## **Certificate of Correction**

**Limited Liability Company** 

→ Filing Fee: \$50.00

2023 JUL 20 P 12: 33

ursuant to the provisions of RIGL <u>7-16-13</u> the undersigned limited liability company hereby ubmits the following Certificate of Correction:			
1. Entity ID Number:	2. The name of the limited liability company is:		
001759363	West shore Cafe LLC		
3. The document to be corrected is: - Form U24 B			
4. The name of the individ	dual(s) who signed the document being corrected is: James Dumont Jr		
5. The date the document being corrected was originally filed on: 7/18/23  6. The typographical error, error of transcription or other technical error, or the defect in the execution of the document is:			
Spelled Fo	onchisee)		
	Check the box to indicate an attachment		
7. The new corrected por	tion of the document states as follows:		
•			
•	ical Smoothie Cafe Franchisee		
•			
•			

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** 

JUL 20 2023

FORM 403 - Revised: 12/2021

Name of Authorized Person	Street Address		
James Dumont Jr	36 Richfie	d Are	
City/Town	State	Zip Code	
East Providence	RE	02914	
Signature of Authorized Person	Date		

RI SOS Filing Number: 202339636440 Date: 7/20/2023 12:33:00 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:

July 20, 2023 12:33 PM

Gregg M. Amore
Secretary of State

Tregs M. Coure

