



State of Rhode Island
Department of State - Business Services Division

Certificate of Correction

Limited Liability Company

→ Filing Fee: \$50.00

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV.
2023 AUG 28 A 9:13

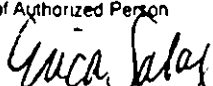
Pursuant to the provisions of RIGL 7-16-13 the undersigned limited liability company hereby submits the following Certificate of Correction:

1. Entity ID Number. 001761928	2. The name of the limited liability company is: ES Consignment, 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. Erica Sabag	
5. The date the document being corrected was originally filed on: August 21, 2023	
6. The typographical error, error of transcription or other technical error, or the defect in the execution of the document is: ES Consignment, LLC is a New Jersey limited liability company and intended to qualify to conduct business in Rhode Island by filing an Application for Registration for a foreign limited liability company. <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: See attached Application for Registration for a Foreign Limited Liability Company. <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

FILED
AUG 28 2023
BY TE

FORM 403 - Revised: 7/2023

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 Erica Sabag	Street Address 213 Water Street	
City/Town Block Island	State RI	Zip Code 02807
Signature of Authorized Person 		Date 8/27/23

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

FORM 403 - Revised 7/2023



State of Rhode Island
Department of State - Business Services Division

Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00 ←

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2023 AUG 28 A 9

Pursuant to the provisions of RIGL 7-16-49, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the State of Rhode Island, and for that purpose submits the following statement.

1. The name of the limited liability company is:			3
ES Consignment LLC			
Is this company organized in its state or country of formation as a low-profit limited liability company?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
The name, if different, under which it proposes to register and transact business in Rhode Island is:			
N/A			
2. The LLC is organized under the laws of: New Jersey			
3. The date of its organization is: May 23, 20217			
And the period of its duration is: CHECK ONE BOX ONLY			
<input checked="" type="checkbox"/> Perpetual (on-going)			
<input type="checkbox"/> Date certain for dissolution _____			
4. The name and address of the resident agent/office in Rhode Island is:			
Agent Name Erica Sabag			
Street Address (NOT a P.O. Box) 213 Water Street			
City/Town	State	Zip Code	
Block Island	RHODE ISLAND	02807	
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:			
Luxury consignment - retail			
Check the box to indicate an attachment <input type="checkbox"/>			

MAIL TO:

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

6. The RI Department of State is appointed the agent of the foreign limited liability company for service of process if, at any time, there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.								
7. The address of the office required to be maintained in the state or country of its organization by the laws of that state or, if not so required, of the principal office of the foreign limited liability company is: <div style="text-align: right;">26 N. Van Brunt St. Suite 9 Englewood, NJ 07631</div>								
8. The mailing address for the limited liability company is: <div style="text-align: right;">370 Holland Lane Englewood, NJ 07631</div>								
9. Management of the Limited Liability Company: CHECK ONLY ONE BOX								
<input checked="" type="checkbox"/> Members (Owners) DO NOT complete the chart below.	OR	<input type="checkbox"/> Managers (Individuals hired by the members with no ownership interest) Complete the chart below.						
<div style="font-size: 4em; transform: rotate(45deg); display: inline-block;">X</div>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">MANAGER NAME</th> <th style="width: 50%;">ADDRESS</th> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table>	MANAGER NAME	ADDRESS				
	MANAGER NAME	ADDRESS						
Check the box to indicate an attachment <input type="checkbox"/>								
10. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> from the state or country of formation dated within 60 days of the date of filing.								
11. Date when this application for Certificate of Registration will be effective: CHECK ONE BOX ONLY								
<input type="checkbox"/> Date received (Upon filing)								
<input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____								
Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.								
Type or Print Name of LLC ES Consignment, LLC	Date 8/25/23							
Signature of Authorized Person 								

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

**ES CONSIGNMENT LLC
0450170448**

RECEIVED
R.I. DEPT. OF TREASURY
BUS SVCS
2023 AUG 28 AM 13

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on May 23, 2017.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey. Annual Reports are outstanding for the following year(s): 2023

I further certify that the registered agent and office are:

ERICA SABAG
59 EAST LINDEN AVENUE
APT 11C
ENGLEWOOD, NJ 07631



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
27th day of August, 2023*

Elizabeth Maher Muoio
State Treasurer

Certificate Number 6146039964

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp