



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 DEC -5 P 4:18

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: 001765925	2. The name of the limited liability company is: SHULLMAN E COOK BAKER TAX AGENCY LLC
3. The document to be corrected is: ARTICLES OF INCORPORATION	
4. The name of the individual(s) who signed the document being corrected is: NNEKA COOK-BAKER	
5. The date the document being corrected was originally filed on: 11-28-23	
6. The typographical error, error of transcription or other technical error, or the defect in the execution of the document is: NAME OF LLC IS INCORRECT : SHULLMAN E COOK BAKER TAX AGENCY LLC NAME OF REGISTERED AGENT IS NNEKA COOK-BAKER IS WRONG NAME OF MANAGER IS NNEKA COOK-BAKER IS WRONG NANCY SHULLMAN NAME IS WRONG NANCY SHULLMAN ADDRESS IS WRONG	
Check the box to indicate an attachment ☒	
7. The new corrected portion of the document states as follows: NAME OF LLC CJ MILLER LLC NAME OF REGISTERED AGENT NNEKA COOK-BAKER NAME OF MANAGER NNEKA COOK-BAKER NAME OF MANAGER IS NANCY SHULLMAN-MILLER NANCY SHULLMAN-MILLER ADDRESS IS 3514 BASLER RD HAMPSTEAD, MD 21074	
Check the box 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

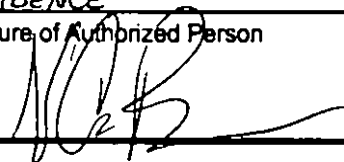
FILEDMP

DEC 05 2023

BY ML DSR29

4:18

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	Street Address	
NNEKA COOK-BAKER	1200 BROAD ST STE 200	
City/Town	State	Zip Code
PROVIDENCE	RI	02905
Signature of Authorized Person		Date
		12/05/23



State of Rhode Island
Department of State - Business Services Division

ATTACHMENT

10 # 1765925

Articles of Organization

DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV.
2023 DEC -5 P 4:18

Pursuant to the provisions of RIGL 7-16, the following Articles of Organization are adopted for the limited liability company to be organized hereby:

1. The name of the limited liability company is:

CT MILLER LLC

2. The name and address of the initial resident agent/office in Rhode Island is:

Agent Name

NNEKA COOK-BAKER

Street Address (NOT a P.O. Box)

1280 BROAD STREET STE 200

City/Town

PROVIDENCE

State

RHODE ISLAND

Zip Code

02905

3. Under the terms of these Articles of Organization and any written operating agreement made or intended to be made, the limited liability company is intended to be treated for purposes of federal income taxation as (CHECK ONE BOX):

☒ a disregarded as an entity separate from its member (single member LLC)

☐ a partnership

☐ a corporation

4. The address of the principal office of the limited liability company, if it is determined at the time of organization:

Street Address

1280 BROAD ST

City/Town

PROVIDENCE

State

RI

Zip Code

02905

5. The limited liability company has the purpose of engaging in any lawful business, and shall have perpetual existence until dissolved or terminated in accordance with RIGL 7-16, unless a more limited purpose or duration is set forth in Section 6 of these Articles of Organization.

STAMP

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

6. Additional provisions, if any, not consistent with law, which the member(s) elect to have set forth in these Articles of Organization, including, but not limited to, any limitation of the purpose(s) or duration for which the limited liability company is formed, and any other provision which may be included in an operating agreement:

Check this box to indicate attachment ☐

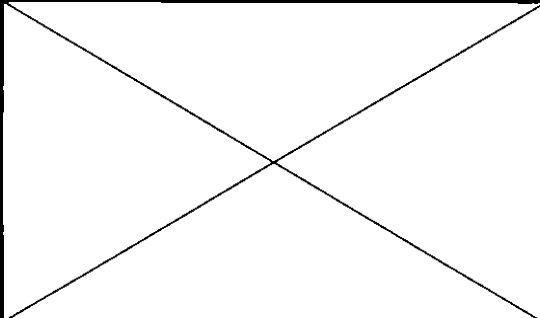
7. The Limited Liability Company is to be managed by its:

You **MUST** check one box:

☐ Members (Owners)
DO NOT complete the chart below.

OR

☒ Manager(s). Complete the chart below.

	MANAGER(S) NAME	ADDRESS
	NNEKA COOK-BAKER	221 HOWARD AVE NEW LONDON CT 06320
	NANCY SHULMAN-MILLER	3514 BASLER RD HAMPSTEAD MD 21074

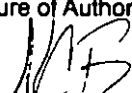
Check this box to indicate attachment ☐

8. Date when these Articles of Organization will be effective: **CHECK ONE BOX ONLY**

☒ Date received (Upon filing)

☐ 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 these Articles of Organization, including any accompanying attachments, and that all statements contained herein are true and correct.

Name of Authorized Person	Address	
NNEKA COOK-BAKER	1280 BROAD ST STE 200	
City/Town	State	Zip Code
PROVIDENCE	RI	02905
Signature of Authorized Person		Date
		12-05-23



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:

December 05, 2023 04:18 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore
Secretary of State

