



*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 <b>Matthew Heroux</b>	Street Address <b>1 Watson Dr</b>	
City/Town <b>Richmond</b>	State <b>RI</b>	Zip Code <b>02832</b>
Signature of Authorized Person  <b>Digitally signed by Matthew Heroux Date: 2023.11.14-07:40:24-05'00'</b>		Date <b>11/14/2023</b>

**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](mailto:corporations@sos.ri.gov).**