



Limited Liability Company

→ Filing Fee: \$50.00

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RUS SVCS DIV

2024 JAN -3 A 11:58 FOR
SECRETARY OF STATE
INT. DIV.

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

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

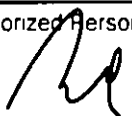
Website: www.sos.ni.gov

FILED: 1A#

JAN 03 2024

BY

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 Michael F. Mita	Street Address 180 Shadow Brook Dr.	
City/Town Warwick	State RI	Zip Code 02886
Signature of Authorized Person 		Date 01/03/2024