



State of Rhode Island  
Department of State - Business Services Division

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**Certificate of Correction**

Limited Liability Company

→ Filing Fee: \$50.00

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

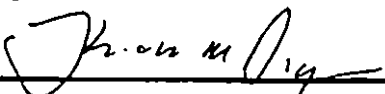
1. Entity ID Number:  001764520	2. The name of the limited liability company is:  ALL IN 1 POWER WASH LLC
3. The document to be corrected is:  ARTICLES OF ORGANIZATION	
4. The name of the individual(s) who signed the document being corrected is:  LEGAL ZOOM CHEYENNE MOSKLEY	
5. The date the document being corrected was originally filed on:  10/21/23	
6. The typographical error, error of transcription or other technical error, or the defect in the execution of the document is:  LEGAL ZOOM CHOOSE CORPORATION AS BUT A TAX VS A DISREGARDED ENTITY FROM THE BEGINNING.  <input type="checkbox"/> Check the box to indicate an attachment	
7. The new corrected portion of the document states as follows:  IT SHOULD HAVE BEEN TAXED AS A DISREGARDED ENTITY FROM DAY ONE.  <input type="checkbox"/> Check the box to indicate an attachment	
8. As required by RIGL <u>7-16-67</u> , 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

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JAN 23 2024  
BY ML DHPMS

1:21

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	
Thomas M. Duggan	4 HANNAH DRIVE	
City/Town	State	Zip Code
CUMBERLAND	RI	02864
Signature of Authorized Person		Date
		11/23/2024

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).



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:

January 23, 2024 01:21 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

