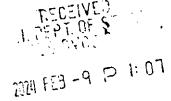
State of Rhode Island Department of State - Business Services Division

Certificate of Correction

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$50.00



Pursuant to the provisions of RIGL 7-1.2-105 the undersigned corporation hereby submits the

following Certificate of Correction	n:			
1. Entity ID Number:	2. The name of the corporation is:			
001768916	KESTREL GROUP, INC.			
3. The document to be corrected is:		4. The date the document being corrected was originally filed:		
ARTICLES OF INCORPORATION		2/2/2024		
5. Specify the inaccurate recor	d of the corporate action or the	defective or erroneous execution, seal or acknowledgment:		
1. Rachael L MCI	nt and registered address in tosk intosk - Lawson Mintosk - Lawson SAME Address	Rachael L maintosh 8 Nitsah Rd E.G. LI 02818		
6. The new corrected portion of	f the document states as follows	Check the box to indicate an attachment		
Article III: the initial regis address is 8 Nipsah Roa Article VI: the name and Camellia Kestrel McIntos	tered agent is Camellia Ko d, East Greenwich, RI 026 address of each incorpora	estrel McIntosh-Lawson; the registered agent 818 ater is: d, East Greenwich, RI 02818		
7. The corrected document MC	·· · - · ·			
8. As required by RIGL <u>7-1.2-1</u>	05, 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

FEB 9 2024

BY BEMHS

FORM 113 - Revised 12/2023

9. 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.

Type or Print Name of Authorized Officer of the Corporation

Camellia Kestrel McIntosh-Lawson

2/6/2024

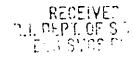
Signature of Authorized Officer of the Corporation

Camellia Kestrel Mcintosh-Lawson



Articles of IncorporationDOMESTIC Business Corporation

--> Filing Fee: \$230.00 minimum



7074 FEB -9 ₱ 1:08

The undersigned, acting as incorporator(s) of the corporation under RIGL 7-1,2-202, adopt(s) the following Articles of Incorporation for such corporation

1. The name of the corporation is:					
KESTREL GROUP, INC					
Check if this a close corporation	n pursuant to RIGL 7-1,2-17	01 of the General Laws, 1	1956, as amended.		
The total number of shares which (Unless otherwise stated, all au-			value of \$0.01 per share.)		
Total Authorized Shares (Number of Shares)	Class of St	ock	Par Value Per Share		
100	COMMON	0.0	0		
If you desire, you may include a stat voting rights, and the qualifications, State any provisions here (optional):	limitations, or restrictions of th	em which are permitted by			
3. The name and address of the initial registered agent/office in Rhode Island is:					
Agent Name CAMELLIA KEST	REL MCINTOSH-LAW	SON			
Street Address (NOT a P.O. Box)	S NIPSAH ROAD				
City/Town EAST GREENWICH		tate RHODE ISLAND	Zip Code 02818		
4. The corporation has the purpose or terminated in accordance with F		usiness, and shall have p	erpetual existence until dissolved		

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

1,08

FEB 9 2024

BY BEMHS



FORM 100- Revised: 12/2023

I E Additional assistant if any material and an action of the control of the cont	7 4 9Li=L AL = != = = =	محمطة من عاقيمة فمم مريم بأرمة فموام مومة موم				
5. Additional provisions, if any, not inconsistent with RIGL <u>7-1.2</u> which the incorporators elect to have set forth in these Articles of Incorporation:						
rando e morpetadon.						
	_					
	C	heck the box to indicate an attachment				
The name and address of each incorporator is:						
Name Camellia Kestrel McIntosh-Lawson	Address 8 Nipsah Road					
	1					
City/Town East Greenwich	State RI	Zip Code 02818				
		<u></u>				
Name Shane Kestrel Mcintosh-Lawson	Address 8 Nipsah	n Road				
City/Town East Greenwich	State RI	Zip Code 02818				
Name	Address					
City/Town	State	Zip Code				
7. Date when these Articles of Incorporation will be effective: CHECK ONE BOX ONLY						
✓ Date received (Upon filing)		7.				
	days from the date of fi	ilina)				
Later effective date (Date most be no more than so	Later effective date (Date must be no more than 90 days from the date of filing)					
8. Under penalty of perjury, I/we declare and affirm that I						
accompanying attachments, and that all statements con-	tained herein are true ar	nd correct.				
Type or Print Name of Incorporator	Date					
Camellia Kestrel McIntosh-Lawson		2/2/2024				
Signature of Incorporator						
Signature of incorporator						
Camellia Kestrel Mcintosh-La	woon_					
Type or Print Name of Incorporator	Date					
Shane Kestrel McIntosh-Lawson	2/2/2024					
Signature of Incorporator						
Signature of incorporator						
Shane K McIntosh Lawson						
Type or Print Name of Incorporator	Date					
Single of Incompanies	<u> </u>					
Signature of Incorporator						

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.