



State of Rhode Island  
Department of State - Business Services Division

REC'D RIDOS BSD  
24 FEB 22 PM 2:34:38

## Certificate of Correction

DOMESTIC or FOREIGN Non-Profit Corporation

→ Filing Fee: \$10.00 *no fee*

Pursuant to the provisions of RIGL 7-6-41.1 the undersigned corporation hereby submits the following Certificate of Correction:

1. Entity ID Number:  001769818	2. The name of the corporation is:  The Olivia Joan Foundation
3. The document to be corrected is:  <i>Articles of Incorporation</i>	4. The date the document being corrected was originally filed:  2/22/24
5. Specify the inaccurate record of the corporate action or the defective or erroneous execution, seal or acknowledgment:  The address of the Registered Agent is wrong.	
Check the box to indicate an attachment <input type="checkbox"/>	
6. The new corrected portion of the document states as follows:  The name and address of the Registered Agent: Name: JORDAN DEMBISHACK Address: 34 Cumberland Street, Cumberland, RI, 02864, USA	
Check the box to indicate an attachment <input type="checkbox"/>	
7. The corrected document <b>MUST</b> be attached to this certificate.	

### MAIL TO:

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)

FILED

FEB 22 2024

BY LKS 2:34pm

8. The correction was adopted in the following manner: **CHECK ONE BOX ONLY**

- ☒ The correction was adopted at a meeting of the members held on 2/22/24, at which meeting a quorum was present, and the correction received at least a majority of the votes which members present or represented by proxy at such meeting were entitled to cast.
- ☐ The correction was adopted by a consent in writing on \_\_\_\_\_, signed by all members entitled to vote with respect thereto.
- ☐ The correction was adopted at a meeting of the Board of Directors held on \_\_\_\_\_, and received the vote of a majority of the directors in office, there being no members entitled to vote with respect thereto.

*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.*

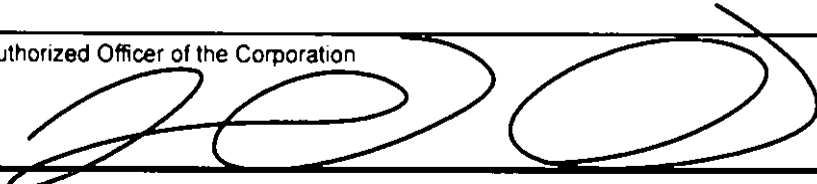
Type or Print Name of Authorized Officer of the Corporation

Jordan Dembishack

Date

2/22/24

Signature of Authorized Officer of the Corporation





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:

February 22, 2024 02:34 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of each word being capitalized.

Gregg M. Amore  
*Secretary of State*

