



State of Rhode Island
Department of State - Business Services Division

Certificate of Correction

Limited Liability Company

→ Filing Fee: \$50.00

REC'D RIDOS BSD
24 APR 11 PM 2:16:53**STAMP**FOR
SECRETARY OF STATE
U.S.F. ONLY

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: 001755045	2. The name of the limited liability company is: AnaCyn Salon, 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: David M. Gilden	
5. The date the document being corrected was originally filed on: 3/27/23	
6. The typographical error, error of transcription or other technical error, or the defect in the execution of the document is: Article III: treatment as a disregarded entity.	
Check the box to indicate an attachment <input type="checkbox"/>	
7. The new corrected portion of the document states as follows: Article III: Under the terms of these Articles of Organization and any written operating agreement made or intended to be made, the limited liability company is intended to be treated for purposes of federal income taxation as a Partnership.	
Check the box to indicate an attachment <input type="checkbox"/>	
8. As required by RIGL 7-16-67, the entity has paid all fees and taxes.	

MAIL TO:**Division of Business Services**

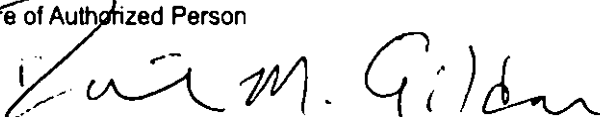
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

WFS FILED 2/6
APR 11 2024
BY F92RC

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 David M. Gilden	Street Address 40 Westminster Street, Suite 1100	
City/Town Providence	State RI	Zip Code 02903
Signature of Authorized Person 		Date 4/4/24



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:

April 11, 2024 02:16 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive.

Gregg M. Amore
Secretary of State

