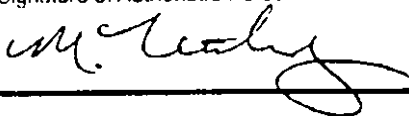


Under penalty of perjury, I declare and affirm that I have examined this Certificate of Correction, including any accompanying attachments, and that all statements contained herein are true and correct.

Name of Authorized Person Michael Uttley	Street Address 33 Crest Cir	
City/Town Smithfield	State RI	Zip Code 02917
Signature of Authorized Person 		Date 04/17/2024

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.