



State of Rhode Island
Department of State - Business Services Division

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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:

1. Entity ID Number: 001736751	2. The name of the corporation is: LORENZO DELIVERY INC
3. The document to be corrected is: ARTICLES OF INCORPORATION	4. The date the document being corrected was originally filed: 03-01-2022
5. Specify the inaccurate record of the corporate action or the defective or erroneous execution, seal or acknowledgment: THE NAME OF THE BUSINESS WAS INCORRECT WHEN INCORPORATED. <div style="text-align: right;">Check the box to indicate an attachment <input type="checkbox"/></div>	
6. The new corrected portion of the document states as follows: THE NAME OF THE BUSINESS SHOULD BE: PAREDES DELIVERY INC <div style="text-align: right;">Check the box to indicate an attachment <input type="checkbox"/></div>	
7. The corrected document MUST be attached to this certificate.	
8. As required by RIGL <u>7-1.2-105</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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BY ML A 3EZK

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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.

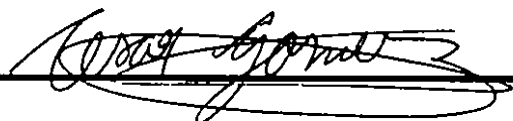
Type or Print Name of Authorized Officer of the Corporation

CESAR R GOMEZ PAREDES

Date

04/26/2024

Signature of Authorized Officer of the Corporation





State of Rhode Island
Department of State - Business Services Division

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Articles of Incorporation

DOMESTIC Business Corporation

→ Filing Fee: \$230.00 minimum

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:

PAREDES DELIVERY INC

☒ Check if this a close corporation pursuant to RIGL 7-1.2-1701 of the General Laws, 1956, as amended.

2. The total number of shares which the corporation has the authority to issue is:

(Unless otherwise stated, all authorized shares are deemed to have a nominal or par value of \$0.01 per share.)

Total Authorized Shares (Number of Shares)	Class of Stock	Par Value Per Share
100.00	CWP	1.00

If you desire, you may include a statement of all or any of the designations and the power, preferences, and rights, including voting rights, and the qualifications, limitations, or restrictions of them which are permitted by the provisions of RIGL 7-1.2.

State any provisions here (optional):

Check the box to indicate an attachment ☐

GENERAL APLIANCES DELIVERY TRANSPORTATION AND OTHERS

3. The name and address of the initial registered agent/office in Rhode Island is:

Agent Name **CESAR R GOMEZ PAREDES**

Street Address (NOT a P.O. Box) **183 EASTWOOD AVE APT 1**

City/Town **PROVIDENCE**

State **RHODE ISLAND**

Zip Code **02909**

4. The corporation has the purpose of engaging in any lawful business, and shall have perpetual existence until dissolved or terminated in accordance with RIGL 7-1.2.

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5. Additional provisions, if any, not inconsistent with RIGL 7-1.2 which the incorporators elect to have set forth in these Articles of Incorporation:

Check the box to indicate an attachment ☐


6. The name and address of each incorporator is:

Name CESAR R GOMEZ PAREDES	Address 183 EASTWOOD AVE APT 1	
City/Town PROVIDENCE	State RI	Zip Code 02909
Name	Address	
City/Town	State	Zip Code
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)
- ☐ 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/we have examined these Articles of Incorporation, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of Incorporator CESAR R GOMEZ PAREDES	Date 04/26/2024
Signature of Incorporator 	
Type or Print Name of Incorporator	Date
Signature of Incorporator	
Type or Print Name of Incorporator	Date
Signature of Incorporator	



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 26, 2024 01:38 PM

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

Gregg M. Amore
Secretary of State

