State of Rhode Island
Department of State - Business Services Division

RECD RIDOS '24 MAY 1 AM10:19:18

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FOR SECRETARY OF STATE USE ONLY

Certificate of Correction
Limited Liability Company

→Filing Fee: $50.00

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:	2. The name of the limited liability company is:
001764023	QUALITY REHAB MANAGEMENT, LLC

3. The document to be corrected is:
CERTIFICATE OF CANCELLATION

4. The name of the individual(s) who signed the document being corrected is:
L.D. IVY

5. The date the document being corrected was originally filed on:
04/03/2024

6. The typographical error, error of transcription or other technical error, or the defect in the execution of the document is:
CANCELLATION WAS FILED IN ERROR

Check the box to indicate an attachment ☐

7. The new corrected portion of the document states as follows:
ENTITY SHOULD STILL BE ACTIVE

Check the box to indicate an attachment ☐

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

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BY YQ35D
AR

FORM 403 - Revised. 12/2023

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 L.D. Ivy	Street Address 398 WALLABOUT ST.	
City/Town BROOKLYN	State NY	Zip Code 11206
Signature of Authorized Person LD Ivy		Date 04/26/2024

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.