



State of Rhode Island  
Department of State - Business Services Division

**Certificate of Correction**

Limited Liability Company

→ Filing Fee: \$50.00

RECD RIDGS BSD  
24 MAY 20 PM 12:55:54  
STAMP  
FOR  
SECRETARY OF STATE  
USE 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:  001773763	2. The name of the limited liability company is:  AP PAINTING 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:  LEYDY LAURA PIENEDA	
5. The date the document being corrected was originally filed on:  5/15/2024	
6. The typographical error, error of transcription or other technical error, or the defect in the execution of the document is:  AGENT : NORTHWEST REGISTERED AGENT LLC 47 WOOD AVE SUITE 2 BARRINGTON RI  MANAGER: LEYDY LAURA PIENEDA 36 UTTON AVE PAW. RI 02860  <div style="text-align: right;">Check the box to indicate an attachment <input type="checkbox"/></div>	
7. The new corrected portion of the document states as follows:  AGENT: LEYDY LAURA PINEDA GUDINO 36 UTTON AVE PAW. RI 02860  MANAGER : LEYDY LAURA PINEDA GUDINO 36 UTTON AVE PAW. RI 02860  <div style="text-align: right;">Check the box to indicate an attachment <input type="checkbox"/></div>	
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](http://www.sos.ri.gov)

FILED STAMP  
12:55  
MAY 20 2024  
BY *DEMO*  
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 LEYDY LAURA PINEDA GUDINO	Street Address 36 UTTON AVE	
City/Town PAWTUCKET	State RI	Zip Code 02860
Signature of Authorized Person 		Date 5/20/2024



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:

May 20, 2024 12:55 PM

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

Gregg M. Amore  
*Secretary of State*

