



State of Rhode Island  
Department of State - Business Services Division

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV

2024 MAY 28 AM 11:35

ST/AT

**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: <p>98836</p>	2. The name of the limited liability company is: <p>Laurelwood Partners LLC</p>
3. The document to be corrected is: <p>Articles of Dissolution</p>	
4. The name of the individual(s) who signed the document being corrected is: <p>John J. Boucher</p>	
5. The date the document being corrected was originally filed on: <p>February 24, 2024</p>	
6. The typographical error, error of transcription or other technical error, or the defect in the execution of the document is: <p>I do not wish to dissolve my limited liability company at this time. All taxes and fees have been paid prior to dissolution. Please reinstate Laurelwood Partners LLC.</p> <p style="text-align: right;">Check the box to indicate an attachment <input type="checkbox"/></p>	
7. The new corrected portion of the document states as follows: <p>Keep open the LLC</p> <p style="text-align: right;">Check the box to indicate an attachment <input type="checkbox"/></p>	
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

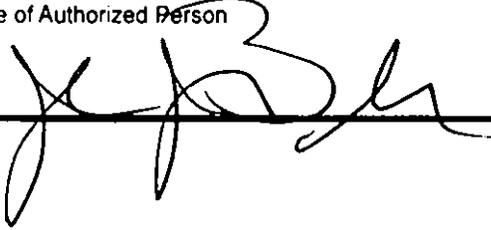
FILED

MAY 28 2024

11:35

BY STHBR

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 John Bauchen	Street Address 600 CASI AVENUE	
City/Town WOONSOCKET	State R.I.	Zip Code 02895
Signature of Authorized Person 	Date 5-21-24	

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](mailto:corporations@sos.ri.gov).



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 28, 2024 11:35 AM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

