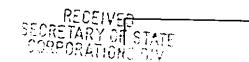
RI SOS Filing Number: 202457744230 Date: 7/9/2024 12:34:00 PM

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## State of Rhode Island Department of State - Business Services Division



2024 JUL -9 PM 12: 34

## **Certificate of Correction**

**DOMESTIC or FOREIGN Business Corporation** 

→ Filing Fee: \$50.00

Pursuant to the provisions of a following Certificate of Correct	RIGL <u>7-1,2-105</u> the undersigned	corporation hereby submits the		
Entity ID Number:	ion:	2. The name of the corporation is:		
001775309	·	BB3 Construction Inc.		
The document to be corrected is:     Articles of Incorporation		The date the document being corrected was originally filed:     June 14, 2024		
				5. Specify the inaccurate reco
Article I: Close corporate Article VI: Judith A. Jav	ion box checked ery listed as incorporator			
6. The new corrected portion of	of the document states as follow	Check the box to indicate an attachment		
	no longer to be designated			
Article VI: William F. Brennan, III, 25 Downing Street, East Greenwich, RI 02818 to be listed as sole incorporator.				
		Check the haute indicate and its indicate		
7. The corrected document ME	/ST be attached to this certifica	Check the box to indicate an attachment te.		
	05, the entity has paid all fees			

MAIL TO:

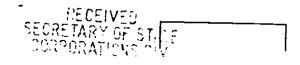
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

JUL 0 9 2024 LONFI (1747)

9. Under penalty of perjury, I declare and affirm that I have examined this accompanying attachments, and that all statements contained herein are	Certificate of Correction, including any
Type or Print Name of Authorized Officer of the Corporation William F. Brennan, III, President	Date July 9, 2024
Signature of Authorized Officer of the Corporation  Docustigned by:	





2024 JUL -9 PH 12: 34

## Articles of Incorporation DOMESTIC Business Corporation

→ Filing Fee: \$230.00 minimum

adopt(s) the following Articles of Incorp  1. The name of the corporation is:		
BB3 Construction Inc.		
Check if this a close corporation p	ursuant to RIGL 7-1,2-1701 of the Gener	rai Laws, 1956, as amended.
12. The total number of shares which the	ne corporation has the authority to issue ized shares are deemed to have a nomin	ia.
Total Authorized Shares (Number of Shares)	Class of Stock	Par Value Per Share
100	CNP	0.00
l if you desire, you may include a stateme	int of all or any of the decianations and the	
voting rights, and the qualifications, limits State any provisions here (optional):	nt of all or any of the designations and the ations, or restrictions of them which are per	power, preterences, and rights, including mitted by the provisions of RIGL 7-1.2.  Check the box to indicate an attachment [
	ations, or restrictions of them which are per	mitted by the provisions of RIGL <u>7-1.2.</u>
State any provisions here (optional):	award, or restrictions of them which are per	mitted by the provisions of RIGL <u>7-1.2.</u> Check the box to indicate an attachment [
State any provisions here (optional):  3. The name and address of the initial in the state of the initial	ations, or restrictions of them which are per	mitted by the provisions of RIGL <u>7-1.2.</u> Check the box to indicate an attachment [
3. The name and address of the initial and Agent Name  Bruce A. Wolpert, Es	registered agent/office in Rhode Island is	mitted by the provisions of RIGL <u>7-1.2.</u> Check the box to indicate an attachment [
State any provisions here (optional):  3. The name and address of the initial in Agent Name	registered agent/office in Rhode Island is	mitted by the provisions of RIGL <u>7-1.2.</u> Check the box to indicate an attachment [
3. The name and address of the initial of Agent Name  Bruce A. Wolpert, Es  Street Address (NOT a P.O. Box)  235  City/Town  Providence	registered agent/office in Rhode Island is  q.  Promenade Street, Suite 475  State RHODE ISLA	Check the box to indicate an attachment   Zip Code 02908
3. The name and address of the initial of Agent Name  Bruce A. Wolpert, Es  Street Address (NOT a P.O. Box)  235  City/Town  Providence	registered agent/office in Rhode Island is  q.  Promenade Street, Suite 475  State RHODE ISLA	Check the box to indicate an attachment   Zip Code
3. The name and address of the initial of Agent Name  Bruce A. Wolpert, Es  Street Address (NOT a P.O. Box) 235  City/Town  Providence  4. The corporation has the purpose of a	registered agent/office in Rhode Island is  q.  Promenade Street, Suite 475  State RHODE ISLA	Check the box to indicate an attachment   Zip Code 02908
3. The name and address of the initial in Agent Name  Bruce A. Wolpert, Es  Street Address (NOT a P.O. Box)  City/Town  Providence  4. The corporation has the purpose of each or terminated in accordance with RIGL	registered agent/office in Rhode Island is  q.  Promenade Street, Suite 475  State RHODE ISLA	Check the box to indicate an attachment   Zip Code 02908
3. The name and address of the initial of Agent Name  Bruce A. Wolpert, Es  Street Address (NOT a P.O. Box) 235  City/Town  Providence  4. The corporation has the purpose of a	registered agent/office in Rhode Island is  q.  Promenade Street, Suite 475  State RHODE ISLA	Check the box to indicate an attachment   Zip Code 02908

5. Additional provisions, if any, not inconsistent with RI Articles of Incorporation:	IGL 7-1.2 which the incor	morators plant to have not forth in these
Articles of Incorporation:	OF I-TE WINON MIC HICE.	porators elect to have set forth in these
		·
	c	Check the box to indicate an attachment
6. The name and address of each incorporator is:		
Name William F. Brennan, III	Address OF Daw	
	Address 25 Down	ning Street
City/Town East Greenwich	State	Zip Code
	RI	02818
Name	Address	<del></del>
City/Town	State	Zip Code
<del></del>	1	
Name	Address	
	J	
City/Town	State	Zip Code
7. Date when these Articles of Incorporation will be effect	ctive: CHECK ONE BOX	ONLY
✓ Date received (Upon filing)		ONLI
Later effective date (Date must be no more than 90	10 days from the date of fi	<del></del> .
8. Under penalty of perjury, I/we declare and affirm that accompanying attachments, and that all statements and	We have examined thes	se Articles of Incorporation, including any
The state of the s	ntained herein are true and	ıd солтесt.
Type or Print Name of Incorporator william F. Brennan, III	<del></del>	Date
		7/9/2024
Signature of Incorporator		
Cocces garas by .		
Type or Print Name of Incorporator		
Type of Print Name of Incorporator		Date
Signature of Incorporator		
Type or Print Name of Incorporator		
ype of Frint Haine of theorporator		Date
Signature of Incorporator		
<u> </u>		

RI SOS Filing Number: 202457744230 Date: 7/9/2024 12:34:00 PM



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:

July 09, 2024 12:34 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

