



State of Rhode Island  
Department of State - Business Services Division

REC'D RIDOS BSD  
24 JUL 11 PM 3:04:36

### 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: <u>001773034</u>	2. The name of the limited liability company is: <u>Samuel Realty Group, LLC</u>
3. The document to be corrected is: <u>Application for Registration</u>	
4. The name of the individual(s) who signed the document being corrected is: <u>Nicole Samuel</u>	
5. The date the document being corrected was originally filed on: <u>4.29.24</u>	
6. The typographical error, error of transcription or other technical error, or the defect in the execution of the document is.  <u>Filed a domestic form instead of a foreign form</u>  <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:  <u>Attached</u> <u>Form 450 + Letter of Good Standing</u> <b>RI DOS MADE EDITS PER FILER</b>  <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

**FILED**  
JUL 11 2024  
BY ARVCM

FORM 403 - Revised 12/2003  
**AA. 3:04 pm**

<i>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.</i>		
Name of Authorized Person <u>Nicole Samuel</u>	Street Address <u>42 Old Stagecoach Road</u>	
City/Town <u>Attleboro</u>	State <u>MA</u>	Zip Code <u>02703</u>
Signature of Authorized Person  <small>dotloop verified 06/24/24 2:53 PM EST BZZL:RCY:EVF:11/78</small>		Date <u>06/24/2024</u>

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 - Business Services Division



**Application for Registration**

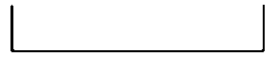
FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

**STAMP**

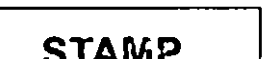
FORM  
SECRETARY OF STATE  
USE ONLY

Pursuant to the provisions of RIGL 7-16-49, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the State of Rhode Island, and for that purpose submits the following statement:



1. The name of the limited liability company is:		
<u>Samuel Realty Group, LLC</u>		
Is this company organized in its state or country of formation as a low-profit limited liability company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
The name, if different, under which it proposes to register and transact business in Rhode Island is:		
2. The LLC is organized under the laws of: <u>Massachusetts</u>		
3. The date of its organization is: <u>March 3 2022</u>		
And the period of its duration is: <b>CHECK ONE BOX ONLY</b>		
<input checked="" type="checkbox"/> Perpetual (on-going)		
<input type="checkbox"/> Date certain for dissolution _____		
4. The name and address of the resident agent/office in Rhode Island is: <u>Rhode Island Builders Association, Inc.</u>		
Agent Name <u>Rhode Island Builders Association, Inc.</u>		
Street Address (NOT a P.O. Box) <u>450 Veterans Memorial PKWY #301</u>		
City/Town <u>East Providence</u>	State <b>RHODE ISLAND</b>	Zip Code <u>02914</u>
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:		
<u>Residential rehabs, extensions and building</u>		
Check the box to indicate an attachment <input checked="" type="checkbox"/>		

**MAIL TO:**  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov



**STAMP**

FORM  
SECRETARY OF STATE  
USE ONLY

6. The RI Department of State is appointed the agent of the foreign limited liability company for service of process if, at any time, there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.

7. The address of the office required to be maintained in the state or country of its organization by the laws of that state or, if not so required, of the principal office of the foreign limited liability company is:  
42 Old Stagecoach Road, Attleboro, MA 02703

8. The mailing address for the limited liability company is:  
42 Old Stagecoach Road, Attleboro, MA 02703

9. Management of the Limited Liability Company: **CHECK ONE BOX ONLY**

Members (Owners) **OR**  Manager(s). Complete the chart below.  
**DO NOT** complete the chart below.

X	MANAGER(S) NAME	ADDRESS
	Nicole Fortes Samuel	42 Old Stagecoach Road, Attleboro, MA 02703
	_____	_____

Check the box to indicate an attachment

10. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of filing.

11. Date when this application for Certificate of Registration 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) \_\_\_\_\_

*Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.*

Type or Print Name of LLC <u>Samuel Realty Group, LLC</u>	Date <u>06/24/2024</u>
--	---------------------------

Signature of Authorized Person <u>Nicole Samuel</u>	<small>dotloop verified 07/11/24 12:02 PM EDT AOZM-WWG-2GAM-JHE5</small>
--	--



William Francis Galvin  
Secretary of the  
Commonwealth

*The Commonwealth of Massachusetts*  
*Secretary of the Commonwealth*  
*State House, Boston, Massachusetts 02188*

July 1, 2024

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

**SAMUEL REALTY GROUP, LLC**

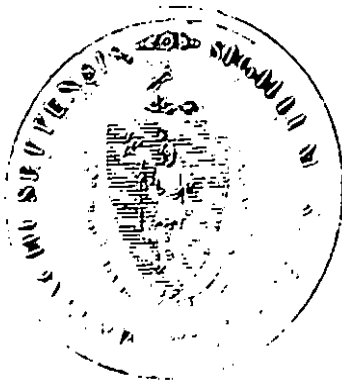
*in accordance with the provisions of Massachusetts General Laws Chapter 156C on March 3, 2022.*

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation; that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156C, § 70 for said Limited Liability Company's dissolution; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: **NICOLE ANN FORTES SAMUEL**

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **NICOLE ANN FORTES SAMUEL, EDDIE SAMUEL**

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **NICOLE ANN FORTES SAMUEL**



In testimony of which,  
I have hereunto affixed the  
Great Seal of the Commonwealth  
on the date first above written.

*William Francis Galvin*

Secretary of the Commonwealth

Processed By: BOD