



State of Rhode Island
 Department of State - Business Services Division

REC'D R1005 BSD
 24 JUL 23 PM 3:34:27

Certificate of Correction
 Limited Partnership

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-13.1-209 the undersigned limited partnership hereby submits the following Certificate of Correction:

1. Entity ID Number: 001776261	2. The name of the limited partnership is: Visions Apartments, LP
3. The document to be corrected is: Certificate of Limited Partnership	
4. The name of the individual(s) who signed the document being corrected is: T. Paul Dimeo	
5. The date the document being corrected was originally filed on: July 10, 2024	
6. The inaccuracy or defect to be corrected is: The Certificate of Limited Partnership was filed in error. The entity was meant to be a limited liability partnership.	
<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: A Statement of Qualification of Limited Liability Partnership was meant to be filed and is attached.	
<p style="text-align: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></p>	
8. As required by RIGL <u>7-13.1</u> , 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

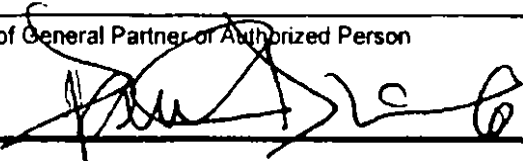
JUL 23 2024
 BY 321A42
3:34 pm
 AA.
 FORM 384 - Revised: 12/2023

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 General Partner or Authorized Person

T. Paul Dimeo, Authorized Person

Signature of General Partner or Authorized Person



Date

July 19, 2024



Statement of Qualification of Limited Liability Partnership

DOMESTIC Limited Liability Partnership

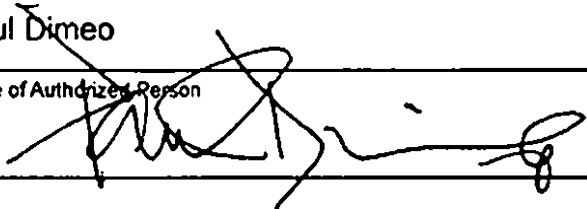
→ Filing Fee: \$150.00

The undersigned, desiring to form, a new limited liability partnership under and by virtue of the powers conferred by RIGL 7-12.1-901, do execute the following Statement of Qualification of Limited Liability Partnership:

1. The name of the limited liability partnership is:		
Visions Apartments, LLP		
2. The address of the principal office is:		
Street Address 475 Kilvert Street, Suite 105, c/o Dimeo Properties, Inc.		
City/Town Warwick	State RI	Zip Code 02886
3. The name and address of the initial registered agent/office in Rhode Island is:		
Agent Name Dimeo Properties, Inc.		
Street Address (NOT a P.O. Box) 475 Kilvert Street, Suite 105		
City/Town Warwick	State RHODE ISLAND	Zip Code 02886
4. The name and address of each partner is (This is optional.):		
NAME	ADDRESS	
Visions Apartments GP, LLC	475 Kilvert Street, Suite 105, Warwick, RI 02886	
Teresa Dimeo	c/o Dimeo Properties, Inc., 475 Kilvert St., Ste. 105, Warwick	
	RI 02886	
Check this box to indicate an attachment <input type="checkbox"/>		

MAIL TO:

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148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
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5. By filing this statement, the partnership elects to become a limited liability partnership.	
6. The partnership has the purpose of engaging in any lawful business, and shall have perpetual existence until cancelled or terminated in accordance with RIGL 7-12.1.	
7. Date when this Statement of Qualification will be effective: CHECK ONE BOX ONLY	
<input checked="" type="checkbox"/> Date received (Upon filing)	
<input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____	
8. This application has been executed by a majority in interest of the partners or by one (1) or more partners authorized to execute an application.	
<i>Under penalty of perjury, I/we declare and affirm that I/we have examined this Statement of Qualification of Limited Liability Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.</i>	
Type or Print Name of Authorized Person	Date
T. Paul Dimeo	July 19, 2024
Signature of Authorized Person	
	

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.

**Visions Apartments GP, LLC
475 Kilvert Street, Suite 105
Warwick, RI 02886**

July 19, 2024

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

Re: Visions Apartments, LLP

Dear Sir or Madam:

Please be advised that the undersigned, being duly authorized by Visions Apartments GP, LLC, hereby consents to the use of the name **Visions Apartments, LLP**, for the formation of a Rhode Island limited liability partnership.

Visions Apartments GP, LLC

By: 

Name: T. Paul Dimeo
Title: Authorized Person