

State of Rhode Island Department of State - Business Services Division

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Application for Amended Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$75.00 (\$235 for an increase in authorized shares)

Pursuant to the provisions of RIGL <u>7-1.2-1411</u>, the undersigned foreign corporation hereby applies for an Amended Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. Entity ID Number:	2. The name of the corporation is:		
000120180	LiRo Corp.		
3. It is incorporated under the laws of:		4. List the date the Certificate of Authority was issued by the RI Department of State:	
Massachusetts		September 4, 2001	
5. If the entity's name has charatethe new name:	nged, Hill-LiRo, Corp.		
		Check box to indicate no change	
6. The name, if different, which	n it elects to use in Rhode Island	d is:	
 (a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation," "company," "incorporated," or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island: (b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application: 7. If the entity's purpose is changing complete the following section: "The new purpose should include ALL activity to be 			
7. If the entity's purpose is cha transacted in the State of Rhode		ection: "The new purpose snould include ALL activity to be	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Check the box to indicate an attachment

Phone: (401) 222-3040 Website: www.sos.ri.gov AUG 15 2024 A 1617
BY Z968 H

FILED

Check box to indicate no change X

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.

FORM 151 - Revised: 3/2024

VALUE OR STATE NO PAR VALUE
Check box to indicate no change,
perty alue ed. 0 %
e <u>.86</u> %
ues in full force and effect and is ded Certificate of Authority.
X ONLY
for Amended Certificate of Authori true and correct.
Date
July 26, 2024
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