



State of Rhode Island  
Department of State - Business Services Division

REC'D RIDGS BSD  
24 AUG 16 PM 4:25:24

**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: <b>DD1777319</b>	2. The name of the limited liability company is: <b>D&amp;S Enterprise All in One Services LLC</b>
3. The document to be corrected is: <b>Article of Organization</b>	
4. The name of the individual(s) who signed the document being corrected is: <b>Carolina B Linares</b>	
5. The date the document being corrected was originally filed on: <b>08/02/2024</b>	
6. The typographical error, error of transcription or other technical error, or the defect in the execution of the document is: <del>PRINCIPAL</del> <b>PRINCIPAL OFFICE</b> <b>34 Macarthur Dr. Warwick RI 02889</b> <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: <b>NEW PRINCIPAL OFFICE</b> <b>53 TIFFANNY ST, North Providence RI</b> <b>02904.</b> <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**  
AUG 16 2024  
BY **FOLG**  
**425**

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	Street Address	
Carolina B Linares	53 Tiffany ST	
City/Town	State	Zip Code
North Providence	RI	02904
Signature of Authorized Person		Date
		08/16/2024



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:

August 16, 2024 04:25 PM

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

Gregg M. Amore  
*Secretary of State*

