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State of Rhode Island
Department of State - Business Services Division

Certificate of Correction

Limited Liability Partnership

→ Filing Fee: \$50.00

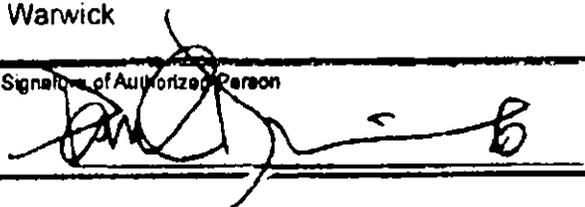
Pursuant to the provisions of RIGL 7-12.1-116 the undersigned limited liability partnership hereby submits the following Certificate of Correction:

1. Entity ID Number: 001776261	2. The name of the limited liability partnership is: Visions Apartments, LLP
3. The document to be corrected is: Certificate of Correction	
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 23, 2024	
6. The inaccuracy or defect to be corrected is: The Certificate of Correction changing the Partnership to a Limited Liability Partnership was filed in error. The entity should revert back to a limited partnership. <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: A Certificate of Limited Partnership is attached. <div style="text-align: right;">Check the box to indicate an attachment <input type="checkbox"/></div>	
8. As required by RIGL <u>7-12.1</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

AUG 22 2024
BY 6mmzz
414 19
FORM 504 - Revised 01/2024

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 T. Paul Dimeo, Authorized Person		Street Address 475 Kilvert Street, Suite 105	
City/Town Warwick		State RI	Zip Code 02886
Signature of Authorized Person 			Date August 20, 2024

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.



State of Rhode Island
Department of State - Business Services Division

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Certificate of Limited Partnership

DOMESTIC Limited Partnership

→ Filing Fee: \$100.00

The undersigned, desiring to form a limited partnership under and by virtue of the powers conferred by RIGL 7-13.1-201, do execute the following Certificate of Limited Partnership:

1. The name of the limited partnership is:		
Visions Apartments, LP		
2. The address of the limited partnership's principal office is:		
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 business address of each general partner is:		
GENERAL PARTNER	BUSINESS ADDRESS	
Visions Apartments GP, LLC	475 Kilvert Street, Suite 105, Warwick, RI 02886	

FILED

AUG 22 2024

BY lommzz
414 KS

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

5. Any other matters the partners determine to include herein:

None.

Check the box to indicate an attachment

6. The Partnership has the purpose of engaging in any lawful business, and shall have perpetual existence until dissolved or terminated in accordance with R.I.G.L. 7-13.1.

7. Date when this Certificate of Limited Partnership 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/we declare and affirm that I/we have examined this Certificate of Limited Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of General Partner

Visions Apartments GP, LLC

Date

August 20, 2024

Signature of General Partner

Type or Print Name of General Partner

Date

Signature of General Partner

Type or Print Name of General Partner

Date

Signature of General Partner

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.



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 22, 2024 04:14 PM

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

Gregg M. Amore
Secretary of State

