State of Rhode Island
Department of State - Business Services Division

RECEIVED
SECRETARY OF STATE
PROBATE DIV.
2024 AUG 30 PM 12: 21

Certificate of Correction
Limited Liability Company
→ ~~Filing Fee: $50.00~~ NO FEE

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:	2. The name of the limited liability company is:
001713182	J.D. Contracting Services, LLC

3. The document to be corrected is:
Articles of Incorporation

4. The name of the individual(s) who signed the document being corrected is:
Jordan Leighty

5. The date the document being corrected was originally filed on:
9/30/2020

6. The typographical error, error of transcription or other technical error, or the defect in the execution of the document is:
Wrong form filed.

Check the box to indicate an attachment ☐

7. The new corrected portion of the document states as follows:
Filing forms 403 + 400 to do business as LLC.

Check the box to indicate an attachment ☐

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

12:21pm **FILED**
AUG 30 2024
BY ICM

FORM 403 - 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 Authorized Person Jordan Leighty	Street Address 97 Buttonwoods Rd.	
City/Town Wyoming	State RI	Zip Code 02898
Signature of Authorized Person		Date 8/30/2024

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

Articles of Organization

DOMESTIC Limited Liability Company

→ Filing Fee: $150.00

Pursuant to the provisions of RIGL 7-16, the following Articles of Organization are adopted for the limited liability company to be organized hereby:

1. The name of the limited liability company is:
J.D. Contracting Services, LLC

2. The name and address of the initial resident agent/office in Rhode Island is:

Agent Name: Jordan Leighty

Street Address (NOT a P.O. Box): 97 Buttonwoods Rd.

City/Town	State	Zip Code
Wyoming	RHODE ISLAND	02898

3. Under the terms of these Articles of Organization and any written operating agreement made or intended to be made, the limited liability company is intended to be treated for purposes of federal income taxation as (**CHECK ONE BOX**):

- ☐ a disregarded as an entity separate from its member (single member LLC)
- ☐ a partnership
- ☑ a corporation

4. The address of the principal office of the limited liability company, if it is determined at the time of organization:

Street Address: 97 Buttonwoods Rd.

City/Town	State	Zip Code
Wyoming	RI	02898

5. The limited liability company has the purpose of engaging in any lawful business, and shall have perpetual existence until dissolved or terminated in accordance with RIGL 7-16, unless a more limited purpose or duration is set forth in Section 6 of these Articles of Organization.

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6. Additional provisions, if any, not inconsistent with law, which the member(s) elect to have set forth in these Articles of Organization, including, but not limited to, any limitation of the purpose(s) or duration for which the limited liability company is formed, and any other provision which may be included in an operating agreement:

Check this box to indicate attachment ☐

7. The Limited Liability Company is to be managed by its:

You **MUST** check one box:

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

	MANAGER(S) NAME	ADDRESS

Check this box to indicate attachment ☐

8. Date when these Articles of Organization 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 these Articles of Organization, including any accompanying attachments, and that all statements contained herein are true and correct.

Name of Authorized Person	Address		
Jordan Leighty	97 Buttonwoods Rd.		
City/Town	State	Zip Code	
Wyoming	RI	02898	
Signature of Authorized Person		Date	
		8-30-2024	

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 | 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 30, 2024 12:21 PM

Gregg M. Amore
Secretary of State