



State of Rhode Island  
Department of State - Business Services Division

## 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:

2024 OCT 16 P 12:19  
RECEIVED  
DEPT OF STATE  
BUS SVCS DIV

1. Entity ID Number: <b>001775977</b>	2. The name of the limited liability company is: <b>Compass Solutions, LLC</b>
3. The document to be corrected is: <b>Articles of Organization</b>	
4. The name of the individual(s) who signed the document being corrected is: <b>Kevin M. Daley</b>	
5. The date the document being corrected was originally filed on: <b>7/2/24</b>	
6. The typographical error, error of transcription or other technical error, or the defect in the execution of the document is: 1. Location of the principal office is wrong 2. Resident agent name is wrong.	
Check the box to indicate an attachment <input type="checkbox"/>	
7. The new corrected portion of the document states as follows: Principal office address: 1383 Warwick Avenue, Warwick, RI 02888 Resident Agent: David A. Reilly	
Check the box to indicate an attachment <input type="checkbox"/>	
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](http://www.sos.ri.gov)

FILED STAMP  
OCT 16 2024  
BY **AKROD**  
AA. 12.19 PM  
FORM 403-02-11-23

*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

Kevin M. Daley

Street Address

1383 Warwick Ave

City/Town

Warwick

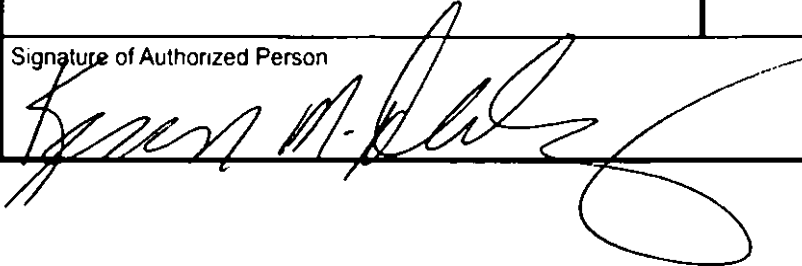
State

RI

Zip Code

02888

Signature of Authorized Person



Date

10/9/24



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:

October 16, 2024 12:19 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of each word being capitalized and prominent.

Gregg M. Amore  
*Secretary of State*

