



State of Rhode Island
Department of State - Business Services Division

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Certificate of Correction

Limited Liability Company

→ Filing Fee: 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: 001778165	2. The name of the limited liability company is: Newport Island Wellness Center LLC
3. The document to be corrected is: ARTICLES OF ORGANIZATION	
4. The name of the individual(s) who signed the document being corrected is: MICHELLE WALCZYK	
5. The date the document being corrected was originally filed on: 8/25/2024	
6. The typographical error, error of transcription or other technical error, or the defect in the execution of the document is: Articles of amendment filed in error. . agent DAVID MOORE 1028 GREEN HILL BEACH RD SOUTH KINGSTOWN, RI 02879 TAXED as a corporation	
Check the box to indicate an attachment <input type="checkbox"/>	
7. The new corrected portion of the document states as follows: Should have filed a correction. Agent MICHELLE WALCZYK 102 W MAIN RD MIDDLETOWN, RI 02842 Taxed as a single member LLC	
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

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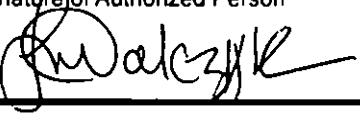
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BY 35 V B 8 FORM 403 - Revised 12/2023

[Signature]

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 Michelle Walczyk	Street Address 102 W. Main Rd	
City/Town Middletown	State RI	Zip Code 02842
Signature of Authorized Person 		Date 3/31/2025