



State of Rhode Island
Department of State - Business Services Division

10:01:00 AM 4/1/2025
SOS
STAMP

Certificate of Correction
Limited Liability Company

→ Filing Fee \$50.00


RI DOS MADE EDITS PER FILER

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: 001673468	2. The name of the limited liability company is: OFDMD, LLC <i>Also See ID # 1786352</i>
3. The document to be corrected is: Certificate of Conversion	
4. The name of the individual(s) who signed the document being corrected is: OLGA FREY	
5. The date the document being corrected was originally filed on: 02/25/2025	
6. The typographical error, error of transcription or other technical error, or the defect in the execution of the document is: OFDMD, LLC was erroneously named as the converting entity. The converting entity should have been identified as OLGA FREY DMD, a sole proprietorship. <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: The converting entity is OLGA FREY DMD, a sole proprietorship, registered as an assumed business name with the City of East Providence, Rhode Island. RI DOS ID#001673468 OFDMD, LLC, was not the intended converting entity and should be returned to active status. <div style="text-align: right;">Check the box to indicate an attachment <input type="checkbox"/></div>	
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 AA:
APR 01 2025 10:01 AM
BY *[Signature]*
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 OLGA FREY	Street Address 450 VETERANS MEMORIAL PKWY, BLDG 4	
City/Town PROVIDENCE	State RI	Zip Code 02194
Signature of Authorized Person 		Date 3/27/2025

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@soe.ri.gov.



State of Rhode Island
Department of State - Business Services Division

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CS: 5002 033

Application for Certificate of Conversion

DOMESTIC Business Corporation, Non-Profit Corporation, Limited Partnership,
Limited Liability Partnership or Limited Liability Company


→ No Filing Fee

Pursuant to the applicable provisions of RIGL 7-1.2-1007, 7-6-48.1, 7-12.1-1143, 7-13.1-1143 and 7-16-5.1, the undersigned submits the following Certificate of Conversion:

1. Entity ID Number		2. The full name of the converting entity is: OLGA FREY DMD a sole proprietorship	
3. It is formed under the jurisdiction of: City of East Providence		4. The date of formation is: 6/22/2023	
5. The jurisdiction to which the entity is converting: RHODE ISLAND			
6. The structure of the converting entity is: CHECK ONE BOX ONLY			
<input type="checkbox"/> Business Corporation		<input type="checkbox"/> Non-Profit Corporation	
<input type="checkbox"/> Limited Liability Company		<input type="checkbox"/> Other Entry	
<input type="checkbox"/> Partnership (General, Limited, or Limited Liability Partnership)		<input checked="" type="checkbox"/> Sole Proprietorship	
7. The structure of the entity following conversion will be: CHECK ONE BOX ONLY			
<input checked="" type="checkbox"/> Business Corporation		<input type="checkbox"/> Limited Partnership / Limited Liability Limited Partnership	
<input type="checkbox"/> Non-Profit Corporation		<input type="checkbox"/> Limited Liability Partnership	
<input type="checkbox"/> Limited Liability Company			
8. The name of the entity following the conversion is: OLGA FREY DMD PC			
9. This certificate of conversion and accompanying certificate of formation have been approved by the converting entity in the manner provided for in RIGL <u>7-1.2-1007</u> , <u>7-6-48.1</u> , <u>7-12.1-1143</u> , <u>7-13.1-1143</u> and <u>7-16-5.1</u> .			

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10. This certificate of conversion is filed as an accompanying certificate to CHECK ONE BOX ONLY	
<input checked="" type="checkbox"/> Business Corporation Articles of Incorporation <input type="checkbox"/> Non-Profit Corporation Articles of Incorporation <input type="checkbox"/> Limited Liability Company Articles of Organization <input type="checkbox"/> Statement of Limited Liability Partnership <input type="checkbox"/> Certificate of Limited Partnership <input type="checkbox"/> Statement of Limited Liability Limited Partnership	
11. Date when this Certificate of Conversion will be effective CHECK ONE BOX ONLY	
<input checked="" type="checkbox"/> Date received (Upon filing) <input type="checkbox"/> Later effective date _____	
<i>Under penalty of perjury, we declare and affirm that we have examined this Certificate of Conversion, including any accompanying attachments, and that all statements contained herein are true and correct.</i>	
Type or Print Name of Converting Entity	
OLGA FREY DMD a sole proprietor	
Type or Print Name of Person Signing	Title of Person Signing
OLGA FREY	OWNER
Signature	Date
	3/27/2025
Type or Print Name of Person Signing	Title of Person of Signing
Signature	Date