



State of Rhode Island  
Department of State - Business Services Division

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25 APR 16 PM 4:23:39

## 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:

1. Entity ID Number: <b>1788792</b>	2. The name of the limited liability company is: <b>Middle Way Wellness Care 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>Abdul-latif Sackor</b>	
5. The date the document being corrected was originally filed on: <b>4-14-25</b>	
6. The typographical error, error of transcription or other technical error, or the defect in the execution of the document is:  <div style="display: flex; justify-content: space-between;"> <div style="width: 35%;"> <p>The Address ; Both Principal office address and Registered agent's address</p> </div> <div style="width: 60%;"> <p><b>14/15 West Natick RD Warwick, RI 02886</b></p> </div> </div> <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:  <div style="text-align: center; padding: 20px;"> <p><b>14 West Natick RD Warwick, RI 02886</b></p> </div> <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:

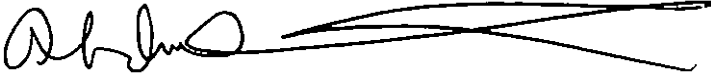
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)

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BY LKS 9XZTS

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	Street Address	
Abdul-latif Sackor	15 Standish Ave	
City/Town	State	Zip Code
Cranston	RI	02920
Signature of Authorized Person		Date
		4-16-25



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:

April 16, 2025 04:23 PM

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

Gregg M. Amore  
*Secretary of State*

