



State of Rhode Island  
Department of State - Business Services Division

**Certificate of Correction**

Limited Liability Company

→ Filing Fee: \$50.00 *no fee*

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R.I. DEPT. OF STATE  
BUS SVCS DIV

2025 MAY -1 P 4:33

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:<br><i>1788907</i>                                                                                                                                                                                         | 2. The name of the limited liability company is:<br><i>Crankin' Out T's, LLC</i> |
| 3. The document to be corrected is:<br><i>Registered Agent</i>                                                                                                                                                                 |                                                                                  |
| 4. The name of the individual(s) who signed the document being corrected is:<br><i>Patricia Adams</i>                                                                                                                          |                                                                                  |
| 5. The date the document being corrected was originally filed on:<br><i>4/16/2025</i>                                                                                                                                          |                                                                                  |
| 6. The typographical error, error of transcription or other technical error, or the defect in the execution of the document is:<br><i>Registered Agent listed as Timothy Adams, 382<br/>Rockville Road, Voluntown CT 06384</i> |                                                                                  |
| 7. The new corrected portion of the document states as follows:<br><i>Guenneth Calderon<br/>687 High Street, Apt 2F<br/>Central Falls, RI 02863</i>                                                                            |                                                                                  |
| 8. As required by RIGL 7-16-6Z, the entity has paid all fees and taxes.                                                                                                                                                        |                                                                                  |

Check the box to indicate an attachment ☐

Check the box to indicate an attachment ☒

**MAIL TO:**

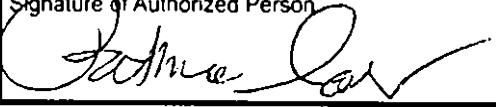
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)

**FILED**

**MAY 01 2025**

BY *no fee* *DS*  
*4:33*

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<br>Patricia Adams                                                                         | Street Address<br>104 Beach Pond Rd<br>STE 2 |                   |
| City/Town<br>Voluntown                                                                                              | State<br>CT                                  | Zip Code<br>06384 |
| Signature of Authorized Person<br> |                                              | Date<br>5/1/25    |