State of Rhode Island
Department of State - Business Services Division

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25 MAY 19 P 3:41

Certificate of Correction

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: $50.00

Pursuant to the provisions of RIGL 7-1.2-105 the undersigned corporation hereby submits the following Certificate of Correction:

1. Entity ID Number:	2. The name of the corporation is:
000089356	Wolpert & Associates, Inc.

3. The document to be corrected is:	4. The date the document being corrected was originally filed:
Professional Corporation Annual Report	03/20/2025

5. Specify the inaccurate record of the corporate action or the defective or erroneous execution, seal or acknowledgment:

Section 7. Delete "OTHER OFFICER JUDITH A. JAVERY."

Check the box to indicate an attachment ☐

6. The new corrected portion of the document states as follows:

Secretary, Bruce A. Wolpert, Esq., 235 Promenade Street, Suite 475, Providence, RI 02908, USA
Treasurer, Bruce A. Wolpert, Esq., 235 Promenade Street, Suite 475, Providence, RI 02908, USA
President, Bruce A. Wolpert, Esq., 235 Promenade Street, Suite 475, Providence, RI 02908, USA

Check the box to indicate an attachment ☐

7. The corrected document ***MUST*** be attached to this certificate.

8. As required by RIGL 7-1.2-105, 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

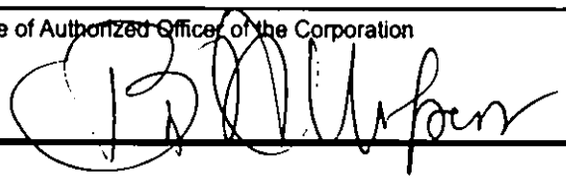
FILED
341
MAY 19 2025
BY BVSJP

FORM 113 - Revised: 12/2023

9. 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.

Type or Print Name of Authorized Officer of the Corporation	Date
Bruce A. Wolpert, Esq.	May 13, 2025

Signature of Authorized Officer of the Corporation



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@sos.ri.gov.

State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2025
Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Corporation
000089356	Wolpert & Associates, Inc.

3. Principal Office Address	City	State	Zip
235 PROMENADE STREET, SUITE 475	PROVIDENCE	RI	02908

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
541110	THE PRACTICE OF LAW.
5. State of Incorporation	
RHODE ISLAND	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
BRUCE A. WOLPERT, ESQ.	
Street Address: 235 PROMENADE ST., STE. 475	Street Address:
City: PROVIDENCE; State: RI; Zip: 02908	City: ; State: ; Zip:
Secretary Name: BRUCE A. WOLPERT, ESQ.	Treasurer Name: BRUCE A. WOLPERT, ESQ.
Street Address: 235 PROMENADE ST., STE. 475	Street Address: 235 PROMENADE ST., STE. 475
City: PROVIDENCE; State: RI; Zip: 02908	City: PROVIDENCE; State: RI; Zip: 02908

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
Street Address	Street Address
City; State; Zip	City; State; Zip
Director Name	Director Name
Street Address	Street Address
City; State; Zip	City; State; Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	50	Common	$0.00

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Name of Authorized Representative	Date
BRUCE A. WOLPERT, ESQ.	5/13/2025

Signature of Authorized Representative

FILED
MAY 19 2025
BY

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

FORM 630- Revised: 12/2023