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025 HAY 22 A II: 32

Certificate of Correction

DOMESTIC or FOREIGN Business Corporation

→ Filling Fee: \$50.00 no fee

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: Unity Consilting Group, Inc. 3. The document to be corrected is: 4. The date the document being corrected was originally filed: Form 100 Articles of Incorporation 21May2025 5. Specify the inaccurate record of the corporate action or the defective or erroneous execution, seal or acknowledgment: Corporation name did not include a proper ending like corporation, incorporated or some abbreviation thereof. It was incorrectly filed as Unity Consulting Group Check the box to indicate an attachment 6. The new corrected portion of the document states as follows: Corporation name now includes "Inc." It is corrected as Unity Consulting Group, Inc. Check the box to indicate an attachment 7. The corrected document **MUST** be attached to this certificate. 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**

MAY 22 2025

BY LKS 11:32

Under penalty of perjury, I declare and affirm that I have examined this Caccompanying attachments, and that all statements contained herein are to	
Type or Print Name of Authorized Officer of the Corporation	Date
Tom Thalmann	21May2025
Signature of Authorized Officer of the Corporation	



1	
RECEIVE R.J. DEPT. OF	
BUS SVCS	\mathbb{B}^{N}

Articles of Incorporation DOMESTIC Business Corporation

→ Filing Fee: \$230.00 minimum

Division of Business Services

Phone: (401) 222-3040 Website: www.sos.ri.gov

148 W. River Street, Providence, Rhode Island 02904-2615

025 MAY 22 A II: 32

The undersigned, acting as incorporator adopt(s) the following Articles of Incorporation			<u>02</u> ,		
The name of the corporation is:					
Unity Consulting Group, Inc	. .				
Check if this a close corporation pu	irsuant to RIGL 7-1 2-1	701 of the Genera	Il aws 1956 as am	ended	
The total number of shares which the (Unless otherwise stated, all authority)	e corporation has the a	uthority to issue is	·	· .	
Total Authorized Shares (Number of Shares)	Class of S		Par Value F		
100	Common		\$0 -		
If you desire, you may include a statement voting rights, and the qualifications, limital State any provisions here (optional):	nt of all or any of the de ations, or restrictions of	signations and the p them which are perr	mitted by the provision	and rights, including ns of RIGL 7-1.2. licate an attachment	
3. The name and address of the initial r	egistered agent/office	in Rhode Island is:			
Agent Name Tom Thalmann					
Street Address (NOT a P.O. Box) 77 Birchwood Drive					
City/Town Wakefield		State RHODE ISLA	ND Zip Code	02879	
4. The corporation has the purpose of e or terminated in accordance with RIGL	engaging in any lawful l <u>7-1.2</u> .	ousiness, and shall	have perpetual exis	tence until dissolved	
MAIL TO:					

5. Additional provisions, if any, not inconsistent with larticles of Incorporation:	RIGL <u>7-1.2</u> which the incorp	porators elect to have set forth in these		
	C	Check the box to indicate an attachment		
The name and address of each incorporator is: Name	T A A A A A A A A A A A A A A A A A A A			
Name Tom Thalmann	Address 77 Birch	Address 77 Birchwood Drive		
City/Town Wakefield	State RI	Zip Code 02879		
Name Victoria Reilly	Address 10 Jaffre	Address 10 Jaffrey Street		
City/Town Johnston	State RI	Zip Code 02919		
Name	Address			
City/Town	State	Zip Code		
7. Date when these Articles of Incorporation will be e	ffective: CHECK ONE BOX	ONLY		
✓ Date received (Upon filing)☐ Later effective date (Date must be no more than	n 90 days from the date of fi	iling)		
8. Under penalty of perjury, I/we declare and affirm the accompanying attachments, and that all statements is				
Type or Print Name of Incorporator	Date			
Tom Thalmann	21May2025			
Signature of Incorporator Tom Thalmann				
Type or Print Name of Incorporator	Date			
Victoria Reilly		21May2025		
Signature of Incorporator Victoria Reilly				
Type or Print Name of Incorporator		Date		
Signature of Incorporator		<u>. </u>		

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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:

May 22, 2025 11:32 AM

Gregg M. Amore Secretary of State

Tregs M. Coure

