



State of Rhode Island  
Department of State - Business Services Division

# Certificate of Correction

Limited Liability Company

→ Filing Fee: \$50.00

RECEIVED

JUN 27 12:01

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RI DEPT. OF STATE  
BUS. SVCS. DIV.

2025 JUN -2 P 3:53

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><br>000089159  | 2. The name of the limited liability company is<br><br>YARLAS FAMILY LLC |
| 3. The document to be corrected is:<br><br>ARTICLES OF DISSOLUTION   |  |
| 4. The name of the individual(s) who signed the document being corrected is:<br><br>LISA YARLAS LEHAN  |  |
| 5. The date the document being corrected was originally filed on:<br><br>3/31/2025   |  |
| 6. The typographical error, error of transcription or other technical error, or the defect in the execution of the document is:<br><br>NEITHER THE DISSOLUTION OF YARLAS FAMILY LLC (THE "LLC") NOR THE FILING OF THE ARTICLES OF DISSOLUTION OF THE LLC WERE AUTHORIZED BY THE MANAGER OR THE MEMBERS OF THE LLC, AND NEITHER THE MANAGER NOR THE MEMBERS OF THE LLC INTEND TO DISSOLVE THE LLC |  |
| Check the box to indicate an attachment <input type="checkbox"/>   |  |
| 7. The new corrected portion of the document states as follows:<br><br>Pursuant to RI Gen. Laws section 7-16-13(A) The Certificate was defectively executed. The dissolution should be null and void.  |  |
| Check the box to indicate an attachment <input type="checkbox"/>   |  |
| 8. As required by RIGL 7-16-67, the entity has paid all fees and taxes.  |  |

## MAIL TO:

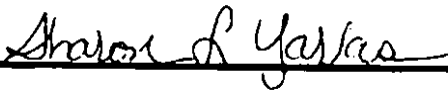
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

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JUN 27 2025

BY EVHFY



|   |  |                     |
|---|--|---------------------|
| 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>SHARON YARLAS  | Street Address<br>55 WATERTOWN ST., APT. 337 |                     |
| City/Town<br>LEXINGTON  | State<br>MA                                  | Zip Code<br>02421   |
| Signature of Authorized Person<br>   |  | Date<br>May 30 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@sos.ri.gov](mailto:corporations@sos.ri.gov).



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:

June 27, 2025 12:01 PM

A handwritten signature in black ink, reading "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

