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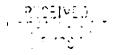
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State of Rhode Island Department of State - Business Services Division

Certificate of Correction

Limited Liability Company

→Filing Fee: \$50.00



RECEIVED TRALDEPT, OF ST BUS SYOS OF

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-		131 July 27 12 12 15 11	1015 JUN -2 戶
Pursuant to the provisions of submits the following Certific		ned limited liability company hereby	<u></u>
1. Entity ID Number.	2. The name of the limit	ed liability company is	
000089159	YARLAS FAMILY LI	LC	
3. The document to be corre	cled s		
ARTICLES OF DISSE	DIUTION		•
4. The name of the individual LISA YARLAS LEHA		ent being corrected is	
5. The date the document b 3/31/2025	aing corrected was originall	ly filed on.	
THE ARTICLES OF OR THE MEMBERS	DISSOLUTION OF THE L	FAMILY LLC (THE "LLC") NOR THE LLC WERE AUTHORIZED BY THE I THER THE MANAGER NOR THE ME	MANAGER
			indicate an attachment 🔲
7. The new corrected portion Pursuant to was defective null and voice	RI Gen. Law.	follows. 5 section 7-16-13(A) T The dissolution shi	he Certificate ould be
		Check the box to	indicate an attachment
8. As required by RIGL 7-16	67, the entity has paid all fe	ees and laxes.	
	- -		

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.nigov FILED 12:01 P



JUN 27 2025.

accompanying attachments, and that all sta Name of Authorized Person	Street Address		
SHARON YARLAS	55 WATERTOWN	55 WATERTOWN ST , APT 337	
City.Town	State	Z p Code	
LEXINGTON	MA	02421	
Signature of Authorized Person		Mon 30 9092	