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State of Rhode Island

**Department of State - Business Services Division** 

REC'D RIDOS BSD 25 JUL 18 FM1:02:55

## **Certificate of Correction**

**DOMESTIC** or FOREIGN Business Corporation

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL <u>7-1,2-105</u> the undersigned corporation hereby submits the following Certificate of Correction:

		<u> </u>			
1. Entity ID Number:	2. The name of the corporation is:				
001791430	ActionSteps Premier Painting, Inc.				
The document to be corrected is:		4. The date the document being corrected was originally			
Articles of Incorporation		filed: Tune 6, 2025			
5. Specify the inaccurate record of	of the corporate action or the	defective or erroneous execution, seal or acknowledgment:			
Agent name was listed as "Ivy" Roberts (nizkname)					
Agent name Was listed as "Ivy" Roberts (nizknesse) of agent. Legal name is "Averiu" Roberts.					
Adding legal name to Artizles of Dronproution.					
In addition, Therefore histed as IVY "Proberts Check the box to indicate an attachment [					
the available 11100	pora in the	Check the box to indicate an attachment			
6. The new corrected portion of the document states as follows:					
The egent na		11 11/200-11			
ROBERTS	11. Instead	d of ivy.			
Where margins	ter reads I	ay, Addmy/chansing to			
AVERRIL	L ROBERTS	Check the box to indicate an attachment			
7. The corrected document <b>MUST</b> be attached to this certificate.					
8. As required by RIGL <u>7-1,2-105</u> , 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

JUL 18 2025

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AR Heyob

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					
ANTIFILL RIB STTS	7/18/2025					
Signature of Authorized Officer of the Corporation	1 1					
Well Kondert						



## Articles of Incorporation DOMESTIC Business Corporation

→ Filing Fee: \$230.00 minimum

The undersigned, acting as incorporator(s) of the corporation under RIGL 7-1.2-202, adopt(s) the following Articles of Incorporation for such corporation:

The name of the corporation is:							
Action Steps Pr	emier Pain-	Hm, IN	Co				
✓ Check if this a close corporation pursuant to RIGL 7-1.2-1701 of the General Laws, 1956, as amended.							
2. The total number of shares which the corporation has the authority to issue is:  (Unless otherwise stated, all authorized shares are deemed to have a nominal or par value of \$0.01 per share.)							
Total Authorized Shares (Number of Shares)	Class of S	tock	Par Value Per Share				
10,000	COMMON		\$0.01				
	-	_					
If you desire, you may include a statement	t of all or any of the des	ignations and the nows	er profesences and rights including				
If you desire, you may include a statement of all or any of the designations and the power, preferences, and rights, including voting rights, and the qualifications, limitations, or restrictions of them which are permitted by the provisions of RIGL 7-1.2.							
State any provisions here (optional):		Cn	eck the box to indicate an attachment L.				
3. The name and address of the initial re	egistered agent/office	in Rhode Island is:					
Agent Name Averrill Roberts							
Street Address (NOT a P.O. Box)  16 Wayland Street							
City/Town East Providence	\$	State RHODE ISLAND	Zip Code 02914				
4. The corporation has the purpose of er or terminated in accordance with RIGL ]		business, and shall ha	ive perpetual existence until dissolved				

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FORM 100- Revised: 12/2023

5. Additional provisions, if any, not inconsistent with RIGL <u>7-1.2</u> which the incorporators elect to have set forth in these Articles of Incorporation:					
The corporation is authorized to issue one class of stock with full voting rights and no special					
designation, preferences, or restrictions.					
,,,,					
	Check the bo	ox to indicate an attachment			
The name and address of each incorporator is:					
Name Averrill Roberts	Address 16 Wayland Street				
City/Town East providence	State RI	Zip Code 02914			
Name NONE	Address NONE				
City/Town NONE	State NONE	Zip Code NONE			
Name NONE	Address NONE				
City/Town NONE	State NONE	Zip Code NONE			
7. Date when these Articles of Incorporation will be effective	CHECK ONE BOX ONLY				
✓ Date received (Upon filing) □ Later effective date (Date must be no more than 90 days from the date of filing)					
8. Under penalty of perjury, I/we declare and affirm that I/we have examined these Articles of Incorporation, including any					
accompanying attachments, and that all statements contained herein are true and correct.					
Type or Print Name of Incorporator	Date				
AVERRILL ROBERTS	7 18 2025				
Signature of Incorporator  NUM  Andrew					
Type of Print Name of Incorporator	Date				
NONE	NOBNE				
Signature of Incorporator					
Type or Print Name of Incorporator	Date				
NONE	NONE				
Signature of Incorporator					

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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:

July 18, 2025 01:02 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

