

## R. I. D. S. C. S.

## **Certificate of Correction**

**Limited Liability Company** 

→Filing Fee: \$50.00

Pursuant to the provisions of RI submits the following Certificate	IGL <u>7-16-13</u> the undersigned limited li e of Correction:	ability company hereby
1. Entity ID Number:	2. The name of the limited liability co	ompany is:
001793114	212 Vernon Ave LLC	
3. The document to be correct	ed is:	
Articles of Organization		
4. The name of the individual(	s) who signed the document being co	rrected is:
Adam H. Thayer, Esq.		
5. The date the document bein 07-14-2025	ng corrected was originally filed on:	
6. The typographical error, erro	or of transcription or other technical e	rror, or the defect in the execution of the document is:
The manager's first name	e was misspelled 'Terrance'.	
	····	Check the box to indicate an attachment
	of the document states as follows:	
The manager's first name sho	uld be spelled 'Terrence'.	
		Check the box to indicate an attachment
8. As required by RIGL 7-16-6	7, the entity has paid all fees and taxe	98.

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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FORM 403 - Revised 12/2023

Street Address		
130 Bellevue Aver	130 Bellevue Avenue	
State	Zip Code	
Rhode Island	02840	
1	Date	
Lynn	07-16-2025	
	130 Bellevue Aver	