RI SOS Filing Number: 202577592230 Date: 8/12/2025 9:25:00 AM



## REC'D RIDOS BSD '25 AUG 12 ANS:23:01 |-

## **Certificate of Correction**

Limited Liability Company

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL <u>7-16-13</u> the undersigned limited liability company hereby submits the following Certificate of Correction:

1. Entity ID Number:	2. The name of the limited liability company is:		
001681885	Pinda Properties LLC		
3. The document to be corrected is:			
Limited Liability Compan	y Annual Report		
4. The name of the individual(	s) who signed the document being corrected is:		
Angela Chavez			
5. The date the document beir	ng corrected was originally filed on:		
10/26/2021			
6. The typographical error, error of transcription or other technical error, or the defect in the execution of the document is.			
5. Principal Office Addre	ss: 96 Country Way, Scituate, MA 02066 USA		
6. Mailing Address of the Limited Liability Company and Name or Title of Contact Person:			
Jessica Woods - Manag	ing Member - 96 Country Way, Scituate, MA 02066 USA		
7. Name and Address of each Manager of the Limited Liability Company, if applicable.			
Manager - Jessica Woods - 96 Country Way, Scituate, MA 02066 USA			
	Check the box to indicate an attachment		
7. The new corrected portion of	of the document states as follows:		
5. Principal Office Address: 6	2 Hawthorne Drive, Windham, ME 04062 USA		
•	ited Liability Company and Name or Title of Contact Person: ember - 62 Hawthorne Drive, Windham, ME 04062 USA		
	n Manager of the Limited Liability Company, if applicable		
N/A	i manager of the Elithica Elability Company, if applicable.		
	Check the box to indicate an attachment		
8. As required by RIGL 7-16-6	7. the entity has paid all fees and taxes.		
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MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov AUG 13 2025 9:25
BY YWKZX

FORM 403 - Revised: 12/2023

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	Street Address		
Diana Corbett	62 Hawthorne Drive		
City/Town	State	Zip Code	
Windham	ME	04062	
Signature of Authorized Person  GWT		Date 8/4/2025	

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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:

August 12, 2025 09:25 AM

Gregg M. Amore Secretary of State

Tregs M. Coure

