

RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV
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2025 SEP -8 P 1: 34

Certificate of Correction

DOMESTIC or FOREIGN Business Corporation

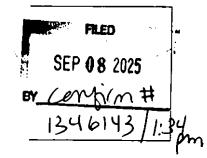
→ Filing Fee: \$50.00

Pursuant to the p following Certification			ed corporation hereby submits the			
Entity ID Number: 2. The name of the state of th		2. The name of the corpo	ration is:			
001792934 Blaii		Blaine's, Inc.				
3. The documen	nt to be corrected	is:	The date the document being corrected was originally filed:			
Articles of Inc	corporation		7/10/2025			
5. Specify the in	accurate record c	of the corporate action or the	he defective or erroneous execution, seal or acknowledgment:			
There are two incorporators. Only one incorporator was reported on the orginal Articles of Incorporation. This Certificate of Correction is being submitted to add the second incorporator.						
			Check the box to indicate an attachment			
	ected portion of the	ne document states as follo	ws:			
Article VI: Title:	Name:	Address:				
Incorporator	Katelyn Pala		• • • • • • • • • • • • • • • • • • • •			
Incorporator	Timothy C Pa	alaski 1280 Oakli	lawn Avenue, Cranston, RI 02920 USA			
<u> </u>			Check the box to indicate an attachment			
7. The corrected	document MUST	be attached to this certific	ate.			
8. As required by RIGL 7-1.2-105, 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



Date					
aicheac					
9/5/2025					
Signature of Authorized Officer of the Corporation					



Articles of incorporation DOMESTIC Business Corporation

→ Filing Fee: \$230.00 minlmum

The name of the corporation is:	oration for such corporation:	
Blaine's, Inc.		
	ursuant to RIGL 7-1,2-1701 of the Gen	- 1,000,000,000,000,000,000,000,000,000,0
	ne corporation has the authority to issue ized shares ere deemed to have a non-	
Total Authorized Shares (Number of Shares)	Class of Stock	Par Value Per Share
1,000.00	CNP	\$0.00
		he power, preferences, and rights, including permitted by the provisions of RIGL <u>7-1.2</u> . Check the box to indicate an attachment
	registered agent/office in Rhode Island	is:
Agent Name Katelyn Palaski		is:
Agent Name Katelyn Palaski		
Agent Name Katelyn Palaski		Zip Code
Agent Name Katelyn Palaski Street Address (NOT a P.O. Box) 128 City/Town Cranston	O Oaklawn Avenue State RHODE IS engaging in any lawful business, and s	

5. Additional provisions, if any, not inconsistent Articles of Incorporation:	with RiGL 7-1.2 which the incorporate	orators elect to have set forth in these		
N/A				
		_		
		heck the box to indicate an attachment		
The name and address of each incorporator				
Name Katelyn Palaski	•	Address 1280 Oaklawn Avenue		
City/Town Cranston	State RI	Zip Code 02920		
Name Timothy C Palaski	1	Address 1280 Oaklawn Avenue		
City/Town Cranston	State RI	Zip Code 02920		
Name	Address			
City/Town	State	ZIp Code		
7. Date when these Articles of Incorporation wil	be effective: CHECK ONE BOX	ONLY		
Date received (Upon filing) Later effective date (Date must be no mon	a than On down from the date of fil	7/10/2025		
	······································			
8. Under penalty of perjury, I/we declare and aft accompanying attachments, and that all statem				
Type or Print Name of Incorporator	·	Date		
Katelyn Palaski		9/5/2025		
Signature of Incorporator				
Kather Ralish				
Type or Print Name of Incorporator	Date			
Timothy C. Palaski	9/5/2025			
Signature of Incorporator				
Type or Print Name of Incorporator	,L	Date		
Type of Controller of Montpolore.				
Signature of Incorporator				
	·			