Filing Fee: \$100.00 For Each Partner Not to Exceed \$2,500.00

ID Number: _		,
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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615

LIMITED LIABILITY PARTNERSHIP

APPLICATION FOR REGISTERED LIMITED LIABILITY PARTNERSHIP

7.12.56 of the Control Laws of Phode Island, 1956, as amended, the undersigned

sc	arthership hereby applies to become or continue as a Registered Limited Liability Partnership in the state of Rhode and and for that purpose submits the following statement:
	(Check one box only)
	New <u>or</u> Renewal
1.	The name of the Registered Limited Liability Partnership is:
	Green Act, LLP (The name must include the words "registered limited liability partnership" or the abbreviation "L.L.P." or "LLP" as the last words or letters of its name.)
2.	The address of its principal office is:
	51 Jefferson Blvd, Ste 400, Warwick, RI 02888
3.	If the partnership's principal office is not located in this state, the address of a registered office and the name and address of a registered agent for service of process in the state of Rhode Island which a partnership shall be required to maintain:
4.	The names and addresses of all resident partners:
	Name Residence Address
	Matthew L. Vollucci. Jr. 46 Hamilton Allenton Road, North Kingstown, RI 02852
	David J. Vollucci, Sr. 14 Imperial Place, Unit 501, Providence, RI 02903
	(If more space is required, please list on separate attachment)

Form No. 500 Revised: 12/05 MAY 2 0 2009

List the place where the business records is maintained, list the principal	ist the place where the business records of the partnership are maintained; or, if more than one location for business ecords is maintained, list the principal place of business of the partnership:	
51 Jefferson Blvd, Ste 40	00, Warwick, RI 02888	
6. A brief statement of the business in where Real Estate Investment	nich the partnership is engaged:	
7. This application has been executed by execute an application.	a majority in interest of the partners or by one (1) or more partners authorized to	
	Under penalty of perjury, I/we declare and affirm that I/we have examined this Application for Registered Limited Liability Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.	
Date: 5/18/2009	Print Exact Name of Partnership Making Application	
	By the Parturn	
	Ву:	
	Ву:	
	Ву:	



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, 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:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

