ID Number: \_\_\_\_\_

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



### STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

### LIMITED LIABILITY PARTNERSHIP

## APPLICATION FOR REGISTERED LIMITED LIABILITY PARTNERSHIP

Pursuant to the provisions of Section 7-12-56 of the General Laws of Rhode Island, 1956, as amended, the undersigned partnership hereby applies to become or continue as a Registered Limited Liability Partnership in the state of Rhode Island 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:

Panink Service

(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:

PAUTLICKET R.I. 02860 WREden  $\sim$ 

- 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
SANDIE GIBAU	283 Weden ST PAWT RI 02860
EUGENIU GIBAU	FILED
	DEC 29 2015 10:53 Am
(If more space i	is required, please list on separate attachment) By $C - 843352$
	Kmc

5. List the place where the business records of the partnership are maintained; or, if more than one location for business records is maintained, list the principal place of business of the partnership:

PHINTLE OCET RI 02860 51 92 1 Ceder 6. A brief statement of the business in which the partnership is engaged: highility . Partmer mited

7. This application has been executed by a majority in interest of the partners or by one (1) or more partners authorized to execute an application.

Date: <u>12/29/15</u>

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.

act Name of Partnership Making Application ordable cleaning Service 22P. By: By: By: By:



State of Rhode Island and Providence Plantations **Department of State** | **Office of the Secretary of State Nellie M. Gorbea**, Secretary of State

# I, NELLIE M. GORBEA, 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:

Tulli U. Hole

Nellie M. Gorbea Secretary of State

