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

ID Number: _____

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

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 *or* ☐ Renewal

1. The name of the Registered Limited Liability Partnership is:

Yester-days news 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:

7 Hemlock Drive Barrington RI. 02806

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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
Thomas Sampson	7 Hemlock Drive Barrington R.I. 02806
Susan Sampson	7 Hemlock Drive Barrington R.I 02806

(If more space is required, please list on separate attachment)

FILED

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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:

7 Hemlock Drive Barrington R.I. 02806

6. A brief statement of the business in which the partnership is engaged:

Second Hand Store - Furniture and Household items

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.

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: 6/18/12

Susan Sampson
Print Exact Name of Partnership Making Application

By: _____

By: _____

By: _____

By: _____