RI SOS Filing Number: 201451073690 Date: 12/10/2014 11:14 AM

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

ID Number: _____

2014 DEC 10 AM 11:14
SECRETARY OF STATE
CORPORATIONS DIV

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 *or* ☐ Renewal

1. The name of the Registered Limited Liability Partnership is:
   CBM ASSISTANCE GROUP 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:
   69 MONTGOMERY ST. PAWTUCKET, R.I. 02860

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
CHARLES A. CASH JR.	225 GROTTO AVE. #30 PAWTUCKET, R.I. 02860
BRIAN FELAG	15 OAK BLUFF DR. ATTLEBORO, MA. 02703
MICHAEL A. CASH	225 GROTTO AVE. #30 PAWTUCKET, R.I. 02860

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

FILED

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BY CR 238263 11:14

Form No. 500
Revised: 12/05

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:

69 MONTGOMERY ST. PAWTUCKET, R.I. 02860

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

EVENT PLANNING AND CONSULTING.

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: 12/9/14

CBM ASSISTANCE GROUP LLP

Print Exact Name of Partnership Making Application

By: Charles A. Cash CHARLES A. CASH JR.

By: Brian Felag BRIAN FELAG

By: Michael Cash MICHAEL A. CASH

By: _____

State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

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:

December 10, 2014 11:14 AM

A. RALPH MOLLIS

Secretary of State

114614-1-431546