



State of Rhode Island and Providence Plantations
Department of State - Business Services Division
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2016 MAY - 4 AM 9:24

**Renewal of
Registration of Limited Liability Partnership**

Limited Liability Partnership
Filing Fee: \$100.00 for EACH Partner
(not to exceed \$2500.00)

The undersigned, desiring to renew the registration of a limited liability partnership under and by virtue of the powers conferred by RIGL 7-12-56, do execute the following Renewal of Registration of Limited Liability Partnership:

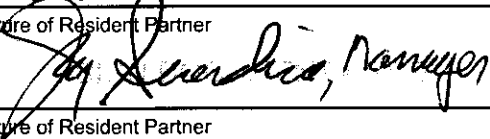
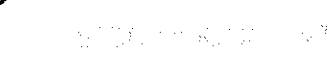
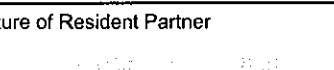
1. Entity ID Number 941611	2. Exact Name of the Limited Liability Partnership Plainfield Partners, LLP	
2. The address of the principal office is:		
Street Address PO Box 222, 32 McNiff St.		
City/Town W. Warwick	State RI	Zip Code 02893
3. If the partnership's principal office is not located in Rhode Island, the name and address of the initial registered agent/ office in Rhode Island is:		
Agent Name Jay Senerchia		
Street Address (NOT a P.O. Box) 32 McNiff st.		
City/Town West Warwick	State RHODE ISLAND	Zip Code 02893
4. The name and address of all resident partners is:		
NAME	ADDRESS	
Jay V. Senerchia	130 Locust Dr. Westwood, MA 02090	
Cynthia Senerchia	130 Locust Dr. Westwood MA 02090	
Check the box to indicate an attachment. <input type="checkbox"/>		

FILED

MAY 04 2016

BY **273509**

9:24

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:		
Street Address 130 Locust Dr		
City/Town Westwood	State MA	Zip Code 02090
6. A brief statement of the business in which the partnership is engaged:		
the partnership was formed to hold real estate located in RI		
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.		
<i>Under penalty of perjury, I/we declare and affirm that I/we have examined this Certificate of Limited Liability Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.</i>		
Signature of Resident Partner 	Type or Print Name of Partner Jay Senerchia	Date 4/30/2016
Signature of Resident Partner 	Type or Print Name of Partner	Date
Signature of Resident Partner 	Type or Print Name of Partner	Date

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.



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:

Nellie M. Gorbea
Secretary of State

