



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 - 6 AM 11:34

**Renewal of
Registration of Limited Liability Partnership
Domestic Limited Liability Partnership**
Filing Fee: \$100.00 for EACH Partner
(not to exceed \$2500.00)

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

1. Entity ID Number:		2. The name of the partnership is:	
396453		The Natale Family, LLP.	
3. The address of the principal office is:			
Street Address 50 Nashua St.			
City/Town Providence		State R. I.	Zip Code 02904
4. 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			
Street Address (NOT a P.O. Box)			
City/Town		State RHODE ISLAND	Zip Code
5. The name and address of all resident partners is:			
NAME		ADDRESS	
Lawrence A. Natale		36 Mark Drive, Lincoln, R.I. 02865	
Anthony D. Natale		64 Observatory Ave., No. Prov., RI 02911	
Michael J. Natale		52 Jennifer Drive, So. Kingstown, R.I. 02883	
Check the box to indicate an attachment. ☐			

11:34 Am

FILED

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By 273730

KM

6. 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 50 Nashua St.		
City/Town Providence	State R.I.	Zip Code 02904

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

Real estate management.

8. 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 Certificate of Limited Liability Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of Partner Lawrence A. Natale	Date 5/13/16
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Signature of Resident Partner <i>Lawrence Natale</i>	SIGN DOCUMENT HERE
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Type or Print Name of Partner	Date
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Signature of Resident Partner	SIGN DOCUMENT HERE
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Type or Print Name of Partner	Date
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Signature of Resident Partner	SIGN DOCUMENT HERE
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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

