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

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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 Jennipher Drive, So. Kingstown, R.I. 02883

Check the box to indicate an attachment. ☐

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By 273730
KM

Form No. 500A
Revised: 2016

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	Date
LAWRENCE A. NATALE	5/13/16

Signature of Resident Partner

Lawrence Anatale SIGN DOCUMENT HERE

Type or Print Name of Partner	Date

Signature of Resident Partner

SIGN DOCUMENT HERE

Type or Print Name of Partner	Date

Signature of Resident Partner

SIGN DOCUMENT HERE

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.