



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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CORPORATIONS DIV
2016 JUL -5 PM 12:07

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. The name of the limited liability partnership is:		
Headway LLP		
2. The address of the principal office is:		
Street Address		
27A Governors Way		
City/Town	State	Zip Code
Milford	MA	01757
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		
United States Corporation Agents Inc.		
Street Address (NOT a P.O. Box)		
222 Jefferson Blvd, Suite 200		
City/Town	State	Zip Code
Warwick	RHODE ISLAND	02888
4. The name and address of all resident partners is:		
NAME	ADDRESS	
Bernard Gilbert	7 Lucille Avenue Westford MA 01886	
Colin Morel	690 S. Porter St Unit 25 Manchester NH 03103	
Andre - Steerland - Gilbert	F4 Franklin Sq Randolph MA 02368	
Charles	506 Central Avenue Apt 1705 Union City NJ 07087	
Patrick Callahan III		
Benoit Steerland - Gilbert	27A Governors Way Milford MA 01757	
Check the box to indicate an attachment. <input type="checkbox"/>		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

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BY 278285

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

27A Governors Way

City/Town

Milford

State

MA

Zip Code

01757

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

Help create long term, lasting philanthropic relationships with member individuals and organizations

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 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

Benoit Steenland-Gilbert

Date

6/22/2016

Signature of Resident Partner

SIGN DOCUMENT HERE

Type or Print Name of Partner

Bernard Gilbert

Date

6/22/2016

Signature of Resident Partner

SIGN DOCUMENT HERE

Type or Print Name of Partner

Colin Morel

Date

6/22/2016

Signature of Resident Partner

SIGN DOCUMENT HERE

Andre Steenland-Gilbert
Charles Patrick Callahan

6/22/2016

6/22/2016



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

