



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

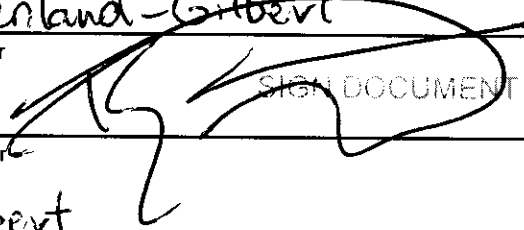
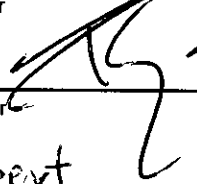

Phone: (401) 222-3040

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 <u>by one (1) or more partners authorized to execute an application.</u>		
<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>		
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