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 SECRETARY OF STATE
 CORPORATIONS DIV.

Renewal of Registration of Limited Liability Partnership
 DOMESTIC Limited Liability Partnership

→ Filing Fee: \$50.00

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: 000966060		2. The name of the partnership is: The Leinhaas Property Group, LLP	
3. The address of the principal office is:			
Street Address 11 Wells St. #8			
City/Town Westerly		State RI	Zip Code 02891
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 N/A			
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 (Residence)	
Marie Anne M. Leinhaas		18 Setting Sun Drive Westerly, RI 02891	
Paul S. Leinhaas		" "	
Check the box to indicate an attachment. <input type="checkbox"/>			

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By Le 279586

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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 *11 Wells Street Unit #8*

City/Town *Westerly* State *RI* Zip Code *02891*

7. A brief statement of the business in which the partnership is engaged:
This LLP is in the commercial real estate industry.

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 *Marie-Anne M. Leinhaas* Date *7-18-14*

Signature of Resident Partner *Marie Anne M. Leinhaas* SIGN DOCUMENT HERE

Type or Print Name of Partner *Paul S. Leinhaas* Date *7-18-14*

Signature of Resident Partner *[Signature]* SIGN DOCUMENT HERE

Type or Print Name of Partner _____ Date _____

Signature of Resident Partner _____ SIGN DOCUMENT HERE