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

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Registration of Limited Liability Partnership

DOMESTIC Limited Liability Partnership

→ Filing Fee: $150.00

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:

Laper Partners, LLP

2. The address of the principal office is:

Street Address		
6 Oakledge Rd		
City/Town: **Cumberland**	State: **RI**	Zip Code: **02864**

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		
Street Address (NOT a P.O. Box)		
City/Town	State: **RHODE ISLAND**	Zip Code

4. The name and address of all resident partners is:

NAME	ADDRESS
Timothy Draper	**10 Womantam lane, Cumberland RI 02864**
Deborah Draper	**10 Womantam lane, Cumberland RI 02864**
Peter Langton	**6 Oakledge Rd, Cumberland RI 02864**
Kathleen Langton	**6 Oakledge Rd, Cumberland RI 02864**

Check the box to indicate an attachment. ☐

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 Cu 279957

FORM 500 - Revised: 05/2016

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		
6 Oakledge Rd		
City/Town **Cumberland**	State **RI**	Zip Code **02864**

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

The partnership was formed for the purpose of owning real estate.

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	Date
Timothy Draper	7/26/2016

Signature of Resident Partner

SIGN DOCUMENT HERE

Type or Print Name of Partner	Date
Deborah Draper	7/26/2016

Signature of Resident Partner

Deborah E. Draper SIGN DOCUMENT HERE

Type or Print Name of Partner	Date
Kathleen Langton	7/26/2016

Signature of Resident Partner

Kathleen A Langton 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.