



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

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CORPORATIONS DIV

2016 JUL 26 PM 3:02

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

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.

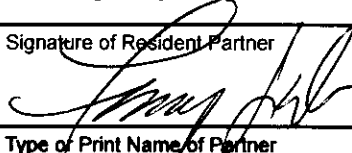
Type or Print Name of Partner

Timothy Draper

Date

7/26/2016

Signature of Resident Partner



SIGN DOCUMENT HERE

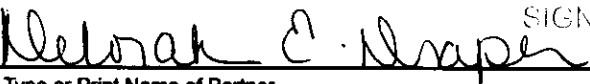
Type or Print Name of Partner

Deborah Draper

Date

7/26/2016

Signature of Resident Partner



SIGN DOCUMENT HERE

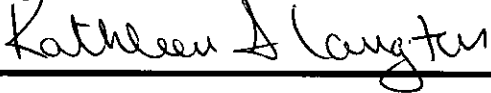
Type or Print Name of Partner

Kathleen Langton

Date

7/26/2016

Signature of Resident Partner



SIGN DOCUMENT HERE