



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

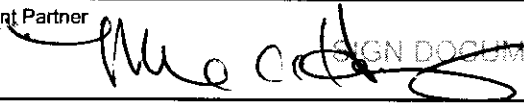
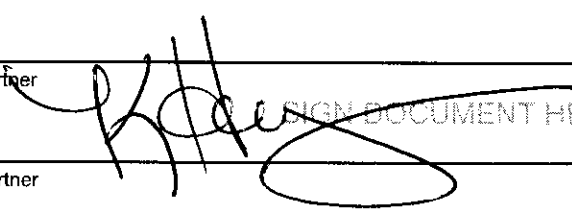
→ Filing Fee: \$150.00

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: <b>MIKIM REALTY, LLP.</b>		
2. The address of the principal office is: Street Address <b>30 Celestial Drive</b>		
City/Town <b>Narragansett</b>	State <b>RI</b>	Zip Code <b>02882</b>
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 <b>DONALD M. GREGORY II, ESQ.</b>		
Street Address (NOT a P.O. Box) <b>7630 Post Road</b>		
City/Town <b>North Kingstown</b>	State <b>RHODE ISLAND</b>	Zip Code <b>02852</b>
4. The name and address of all resident partners is:		
NAME	ADDRESS	
<b>MICHAEL HENRY</b>	<b>680 Annaquatucket Road, North Kingstown, RI 02852</b>	
<b>KIMBERLY HENRY</b>	<b>680 Annaquatucket Road, North Kingstown, RI 02852</b>	
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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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 <b>30 Celestial Drive</b>		
City/Town <b>Narragansett</b>	State <b>RI</b>	Zip Code <b>02882</b>
6. A brief statement of the business in which the partnership is engaged: <b>ownership and management of real estate</b>		
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.		
<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 <b>MICHAEL HENRY</b>	Date <b>10/12/2016</b>	
Signature of Resident Partner  SIGN DOCUMENT HERE		
Type or Print Name of Partner <b>KIMBERLY HENRY</b>	Date <b>10/12/2016</b>	
Signature of Resident Partner  SIGN DOCUMENT HERE		
Type or Print Name of Partner	Date	
Signature of Resident Partner SIGN DOCUMENT HERE		



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*

