



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

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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: 887548		2. The name of the partnership is: ISLAND SELF STORAGE, LLP	
3. The address of the principal office is:			
Street Address 350 HIGH POINT AVE.			
City/Town PORTSMOUTH		State RI	Zip Code 02871
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			
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	
DONALD RAMROTH		397 BRAMANS LN PORTSMOUTH RI 02871	
EUGEN PICCERELLI		3 STONE TOWER RD BARRINGTON RI 02806	
WILLIAM PICCERELLI		3 STONE TOWER RD BARRINGTON RI 02806	
ROBERT ANDREOZZI		32 BARTON AVE. BRISTOL RI 02809	
Check the box to indicate an attachment. <input checked="" 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 **gdb 293192**

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

350 HIGH BINT AVE.

City/Town

PORTSMOUTH

State

RI

Zip Code

02871

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

THE RENTAL OF SELF STORAGE UNITS

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.

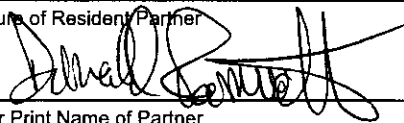
Type or Print Name of Partner

DONALD RAMROTH

Date

1/10/17

Signature of Resident Partner



SIGN DOCUMENT HERE

Type or Print Name of Partner

Date

Signature of Resident Partner

SIGN DOCUMENT HERE

Type or Print Name of Partner

Date

Signature of Resident Partner

SIGN DOCUMENT HERE

ROBERTA ANDREZZI	32 BARTON AVE. BRISTOL RI 02809
JOAN PARKOS MORAN	250 OCEAN ROYALE WAY PH 25 JUNO BEACH FL 33408
TIMOTHY MORAN	250 OCEAN ROYALE WAY PH 5 JUNO BEACH FL 33408



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

