

Certificate of Limited Partnership

DOMESTIC Limited Partnership

→ Filing Fee: \$100.00

The undersigned, desiring to form a limited partnership under and by virtue of the powers conferred by RIGL 7-13-8, do execute the following Certificate of Limited Partnership:

R.I. DENT OF SIM

1. The name of the limited partnership is: LIAKOS & TSIMIKAS LP 2. The address of the specified office in this state where the records of the limited partnership shall be kept is: Street Address (NOT a P.O. Box) 26 GERANIUM CIRCLE Zip Code **02920-4705** City/Town CRANSTON State **RHODE ISLAND** 3. The name and address of the initial registered agent/office in Rhode Island is: Agent Name SOTERIOS TSIMIKAS Street Address (NOT a P.O. Box) 26 GERANIUM CIRCLE Zip Code **02920-4705** City/Town CRANSTON State RHODE ISLAND The name and business address of each general partner is: **GENERAL PARTNER BUSINESS ADDRESS** 26 GERANIUM CIRCLE, CRANSTON, RI 02920 SOTERIOS TSIMIKAS 26 GERANIUM CIRCLE, CRANSTON, RI 02920 ANTIGONE TSIMIKAS **DIMITRIOS LIAKOS** 33 HILL STREET, NORWOOD, MA 02062 **DOROTHEA LIAKOS** 33 HILL STREET, NORWOOD, MA 02062

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FEB 1 5 2017

BY 245824 KU

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

5. The mailing address for the limited partnership is:				
Address 26 GERANIUM CIRCLE				
City/Town CRANSTON	State RI	Zip Code 02920		
6. Any other matters the partners determine to include he	erein:			
	0.1			
Under penalty of perjury, I/we declare and affirm that I/we		ck the box to indicate an attachment.		
including any accompanying attachments, and that all sta				
Type or Print Name of General Partner		Date		
SOTERIOS TSIMIKAS		02-02-17		
Signature of General Partner		-		
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Type or Print Name of General Partner		Date		
ANTIGONE TSIMIKAS		02-02-17		
Signature of General Partner				
	CUMENT HERE			
Type or Pfint Name of General Partner		Date		
DIMITRIOS LIAKOS		02-02-17		
Signature of General Partner DIMITRIOS LIAKOS SIGN DOC	CUMENT HERE			
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Under penalty of perjury, I/we declare and affirm that I/we I including any accompanying attachments, and that all state			
Type or Print Name of General Partner		Date	
DOROTHEA LIAKOS		2-2-2017	
Signature of General Partner SIGN DOCL SIGN DOCL	JMENT HERE		
Type or Print Name of General Partner		Date	
Signature of General Partner SIGN DOCUMENT HERE			
Type or Print Name of General Partner		Date	
Signature of General Partner SIGN DOCU	JMENT HERE	1	

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

Tullin U. Horler

