



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

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: 001102095		2. The name of the partnership is: THE NEW ENGLAND EXPEDITION-PROVIDENCE I, LLP	
3. The address of the principal office is:			
Street Address 222 NEWBURY STREET, 4TH FLOOR			
City/Town BOSTON		State MA	Zip Code 02116
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 JOHN B. MURPHY			
Street Address (<u>NOT</u> a P.O. Box) MORNEAU & MURPHY/38 NORTH COURT STREET			
City/Town PROVIDENCE		State RHODE ISLAND	Zip Code 02903
5. The name and address of all resident partners is:			
NAME		ADDRESS	
THE NEW ENGLAND EXPEDITION-		38 NORTH COURT STREET, PROVIDENCE, RI 02903 (LOCAL)	
PROVIDENCE I, LLP		222 NEWBURY STREET, 4TH FLOOR, BOSTON, MA 02116	
FELDCO PROVIDENCE, LLC		38 NORTH COURT STREET, PROVIDENCE, RI 02903	
Check the box to indicate an attachment. <input type="checkbox"/>			

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R.I. DEPT. OF STATE
2017 FEB 17 AM 10:59

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

FEB 17 2017

10:59

By 296080

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

222 NEWBURY STREET, 4TH FLOOR,

City/Town

BOSTON

State

MA

Zip Code

02116

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

REAL ESTATE DEVELOPMENT

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

THE NEW ENGLAND EXPEDITION-PROVIDENCE I, LLP

Date

Signature of Resident Partner

SIGN DOCUMENT HERE

Rory E. Feldman

Type or Print Name of Partner

FELDCO PROVIDENCE, LLC

Date

1/22/17

Signature of Resident Partner

SIGN DOCUMENT HERE

Rory E. Feldman

Type or Print Name of Partner

Date

1/22/17

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

