



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: 1667558		2. The name of the partnership is: MIKIM REALTY, LLP	
3. The address of the principal office is:			
Street Address 30 CELESTIAL DRIVE			
City/Town NARRAGANSETT		State RI	Zip Code 02882
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 J. KUPA JR. ESQUIRE			
Street Address (<u>NOT</u> a P.O. Box) 20 OAKDALE ROAD			
City/Town NORTH KINGSTOWN		State RHODE ISLAND	Zip Code 02852
5. The name and address of all resident partners is:			
NAME		ADDRESS	
MICHAEL HENRY		680 ANNAQUATUCKET ROAD NORTH KINGSTOWN, RI 02852	
KIMBERLY HENRY		680 ANNAQUATUCKET ROAD NORTH KINGSTOWN, RI 02852	
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

10:44

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SEP 20 2017

BY *[Signature]* 312907

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 **30 CELESTIAL DRIVE**

City/Town **NARRAGANSETT**

State **RI**

Zip Code **02882**

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

OWNERSHIP AND MANAGEMENT OF REAL ESTATE

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

MICHAEL HENRY

Date

9/1/2017

Signature of Resident Partner

 SIGN DOCUMENT HERE

Type or Print Name of Partner

KIMBERLY HENRY

Date

9/1/2017

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:

September 20, 2017 10:44 AM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

