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 BUS SVCS DIV
 2017 SEP 20 AM 10:44

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"/>	

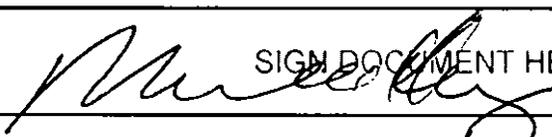
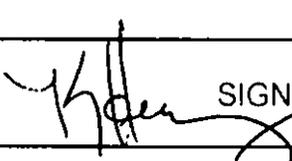
MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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BY *JM* 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.		
<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 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		

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.