



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

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Registration of Limited Liability Partnership

DOMESTIC Limited Liability Partnership

→ Filing Fee: \$150.00

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. The name of the limited liability partnership is:		
The Natale Family LLP		
2. The address of the principal office is:		
Street Address		
36 Mark Drive		
City/Town	State	Zip Code
Lincoln	R.I.	02865
3. 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	Zip Code
	RHODE ISLAND	
4. The name and address of all resident partners is:		
NAME	ADDRESS	
Lawrence A. Natale	36 Mark Drive Lincoln RI 02865	
Anthony D. Natale	64 Observatory Ave., No. Prov., R.I. 02911	
Michael J. Natale	52 Jenner Drive So Kingstown R.I. 02883	
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 CU 318434

5. 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 36 Mark Drive		
City/Town Lincoln	State R.I.	Zip Code 02865
6. A brief statement of the business in which the partnership is engaged: Ownership of investment real estate		
7. 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 Lawrence A. Natale		Date 11/28/17
Signature of Resident Partner Lawrence A. Natale		
Type or Print Name of Partner		Date
Signature of Resident Partner		
Type or Print Name of Partner		Date
Signature of Resident Partner		



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:

November 28, 2017 09:46 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

