



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

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2018 JAN -9 11:01

## 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:

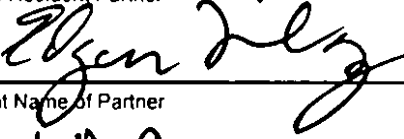
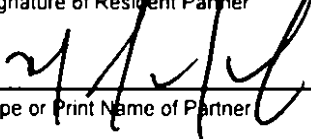
1. The name of the limited liability partnership is:		
GM Communications Group LLP.		
2. The address of the principal office is:		
Street Address		
9 Bridgton Ct.		
City/Town	State	Zip Code
CRANSTON	RI	02910
3. If the partnership's principal office is not located in Rhode Island, the name and address of the initial registered agent/ office in Rhode Island is:		
Agent Name		
EDGAR Hoya		
Street Address (NOT a P.O. Box)		
9 Bridgton Ct.		
City/Town	State	Zip Code
CRANSTON	RHODE ISLAND	02910
4. The name and address of all resident partners is:		
NAME	ADDRESS	
EDGAR Hoya	9 Bridgton Ct. Cranston, RI 02910	
MIGUEL A GARCIA	49 Kilton st. Taunton MA 02718	
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 MC 215 76590

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 <b>9 Bridgton Ct.</b>		
City/Town <b>CRANSTON</b>	State <b>RI</b>	Zip Code <b>02910</b>
6. A brief statement of the business in which the partnership is engaged:  <b>Advertising And Marketing Agency.</b>		
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 <b>EDGAR Moya</b>		Date <b>1/9/18</b>
Signature of Resident Partner  <b>SIGN DOCUMENT HERE</b>		
Type or Print Name of Partner <b>Miguel A Gocig</b>		Date <b>1/9/18</b>
Signature of Resident Partner  <b>SIGN DOCUMENT HERE</b>		
Type or Print Name of Partner		Date
Signature of Resident Partner  <b>SIGN DOCUMENT HERE</b>		



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:

January 09, 2018 11:01 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*

