



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

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CORPORATIONS DIV
2018 JAN -9 AM 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

FILED

JAN 09 2018
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

9 Bridgton Ct.

City/Town

CRANSTON

State

RI

Zip Code

02910

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

Advertising And Marketing Agency.

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.

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

EDGAR MOYA

Date

1/9/18

Signature of Resident Partner

Edgar Moya

SIGN DOCUMENT HERE

Type or Print Name of Partner

Miguel A GARCIA

Date

1/9/18

Signature of Resident Partner

Miguel A Garcia

SIGN DOCUMENT HERE

Type or Print Name of Partner

Date

Signature of Resident Partner

SIGN DOCUMENT HERE