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 CORPORATIONS DIV
 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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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.		
<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 EDGAR MOYA	Date 1/9/18	
Signature of Resident Partner <i>Edgar Moya</i> SIGN DOCUMENT HERE		
Type or Print Name of Partner Miguel A Gocig	Date 1/9/18	
Signature of Resident Partner <i>Miguel A Gocig</i> 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.