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

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:		
PROVIDENCE TAXI LLP		
2. The address of the principal office is:		
Street Address		
42 OPHELIA ST		
City/Town	State	Zip Code
PROV	RI	02909
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	
(Mayra) (Perez) MAYRA PEREZ	42 OPHELIA ST PROV RI 02909	
CARLOS SERNA (Serna)	123 SCHOOL ST CENTRAL FALLS RI 02863	
Check this 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 **STAMP**
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 BY KL 329104
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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 42 OPHELIA ST		
City/Town PROV	State RI	Zip Code 02909
6. A brief statement of the business in which the partnership is engaged in: TRANSPORTATION		
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 MAYRA PEREZ	Date 04/20/18	
Signature of Resident Partner <i>MAYRA PEREZ</i> SIGN DOCUMENT HERE		
Type or Print Name of Partner CARLOS SERNA	Date 04/20/18	
Signature of Resident Partner <i>CARLOS SERNA</i> SIGN DOCUMENT HERE		
Type or Print Name of Partner	Date	
Signature of Resident Partner SIGN DOCUMENT HERE		



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:

April 20, 2018 09:13 AM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea
Secretary of State

