State of Rhode Island and Providence Plantations
Department of State - Business Services Division
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | **Email:** corporations@sos.ri.gov | **Website:** www.sos.ri.gov

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CORPORATIONS DIV
2018 MAY -4 PM 3:55

Registration of Limited Liability Partnership

Limited Liability Partnership

~~Filing Fee: $200.00 for EACH Partner~~
~~(not to exceed $2,000.00)~~

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 shall be:		
BRAVE DAUGHTERS LLP		
2. The address of the principal office is:		
Street Address: 110 KING Philip RD ; Suite 1A		
City/Town: RUMFORD	State: RI	Zip Code: 02916
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: **RHODE ISLAND**	Zip Code
4. The name and address of all resident partners is:		
NAME	ADDRESS	
MARGARET SEMRAU	40 BRIGHTON ST PROVIDENCE RI 02909	
ERIN MYLES	352 CARPENTER ST #1 PROVIDENCE RI 02909	
Check the box to indicate an attachment. ☐		

3:55

FILED

MAY 4 - 2018

BY 330048

Form No. 500
Revised: 2016

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 110 KING PHILIP ROAD		
City/Town RUMFORD	State RI	Zip Code 02916

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

a collaborative studio where we host workshops, events, & art shows.

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.

Signature of Resident Partner	Type or Print Name of Partner	Date
Margaret Semrau	MARGARET SEMRAU	MAY 4, 2018
Signature of Resident Partner	Type or Print Name of Partner	Date
Erin Myles	ERIN MYLES	5.4.18
Signature of Resident Partner	Type or Print Name of Partner	Date

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.

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:

May 04, 2018 03:55 PM

Nellie M. Gorbea
Secretary of State