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

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CORPORATIONS DIV
2018 OCT 1 PM 1:59

AMENDED
Renewal of Registration of Limited Liability Partnership
DOMESTIC Limited Liability Partnership

→ Filing Fee: $50.00

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. Entity ID Number:	2. The name of the partnership is
001102095	**THE NEW ENGLAND EXPEDITION-PROVIDENCE I, LLP**

3. The address of the principal office is:

Street Address		
222 NEWBURY STREET, 4TH FLOOR		
City/Town **BOSTON**	State **MA**	Zip Code **02116**

4. 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		
JOHN B. MURPHY		
Street Address (NOT a P.O. Box) **MORNEAU & MURPHY/38 NORTH COURT STREET**		
City/Town **PROVIDENCE**	State **RHODE ISLAND**	Zip Code **02903**

5. The name and address of all resident partners is.

NAME	ADDRESS
FELDCO PROVIDENCE, LLC	**38 NORTH COURT STREET, PROVIDENCE, RI 02903**

Check the box to indicate an attachment. ☐

FILED
OCT 01 2018
BY 1:59

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

6. 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		
222 NEWBURY STREET, 4TH FLOOR,		
City/Town: BOSTON	State: MA	Zip Code: 02116

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

REAL ESTATE DEVELOPMENT

8. 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	Date
FELDCO PROVIDENCE, LLC	10/1/18

Signature of Resident Partner

SIGN DOCUMENT HERE

Type or Print Name of Partner	Date

Signature of Resident Partner

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.