



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

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 CORPORATIONS DIV
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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: 001102095		2. The name of the partnership is 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 ☐			

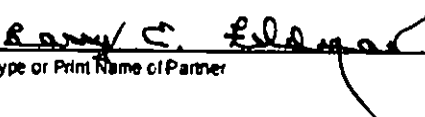
MAIL TO:

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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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.		
<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 FELDCO PROVIDENCE, LLC	Date 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.

FORM 500A - Revised 05/2010