



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

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 SECRETARY OF STATE
 CORPORATIONS DIV.
 2019 MAR 18 AM 10:57

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 (LOCAL)
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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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
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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 FELDCO PROVIDENCE, LLC	Date 2/15/19
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Signature of Resident Partner
[Handwritten Signature] SIGN DOCUMENT HERE

Type or Print Name of Partner BARRY E. FELDMAN	Date 3/5/19
--	-----------------------

Signature of Resident Partner
SIGN DOCUMENT HERE

Type or Print Name of Partner	Date
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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:

March 18, 2019 10:57 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

