



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

2019 APR 15 AM 11:21  
SECRETARY OF STATE  
CORPORATION 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:

Green Act LLP

2. The address of the principal office is:

Street Address

400 SOUTH COUNTY TRAIL SUITE 203

City/Town

Exeter

State

RI

Zip Code

02822

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

MATTHEW VOLLUCE JR

46 HAMILTON ALLENSTON ROAD  
NORTH KIRKSTOWN, RI 02852

DAVID J VOLLUCE

14 IMPERIAL AVE  
PROVIDENCE RI 02903

Check this 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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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

400 SOUTH COUNTY TRAIL SUITE 203

City/Town

EXETER

State

RI

Zip Code

02822

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

REAL ESTATE INVESTMENT and RENTAL

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.

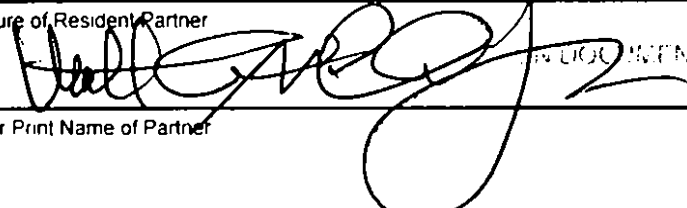
Type or Print Name of Partner

MATTHEW WOLLUCE JR

Date

4/11/2019

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