



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

 2019 MAY 21 PM 12:08
 DEPARTMENT OF STATE
 BUSINESS SERVICES DIVISION
Certificate of Limited Partnership

DOMESTIC Limited Partnership

→ Filing Fee: \$100.00

The undersigned, desiring to form a limited partnership under and by virtue of the powers conferred by RIGL 7-13-8, do execute the following Certificate of Limited Partnership:

1. The name of the limited partnership is:		
Crossroads Estates, L.P.		
2. The address of the specified office in this state where the records of the limited partnership shall be kept is:		
Street Address (NOT a P.O. Box) 14 Manchester Circle		
City/Town Coventry	State RHODE ISLAND	Zip Code 02816
3. The name and address of the initial registered agent/office in Rhode Island is:		
Agent Name Arthur Capaldi, Esq.		
Street Address (NOT a P.O. Box) 1035 Main Street		
City/Town Coventry	State RHODE ISLAND	Zip Code 02816
4. The name and business address of each general partner is:		
GENERAL PARTNER	BUSINESS ADDRESS	
Seven Farms, Inc.	14 Manchester Circle. Coventry, RI 02816	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

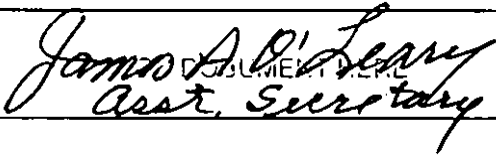
Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED**STAMP**

MAY 21 2019

 BY KL SCGMK
 12:08

5. The mailing address for the limited partnership is:		
Address 14 Manchester Circle		
City/Town Coventry	State	Zip Code 02816
6. Any other matters the partners determine to include herein:		
Check the box to indicate an attachment <input type="checkbox"/>		
Under penalty of perjury, I/we declare and affirm that I/we have examined this Certificate of Limited Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.		
Type or Print Name of General Partner Seven Farms, Inc.	Date May 21, 2019	
Signature of General Partner  SIGN DOCUMENT HERE		
Type or Print Name of General Partner	Date	
Signature of General Partner SIGN DOCUMENT HERE		
Type or Print Name of General Partner	Date	
Signature of General 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:

May 21, 2019 12:08 PM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

