

## **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						
ty/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

MAY 2 1 2019

FORM 300 - Revised: 09/2017

5. The maili	ing address for the limited	partnership is:		
Address	14 Manchester Circle	•		
City/Town	Coventry	State	Zi	p Code 02816
6. Any other	r matters the partners dete	ermine to include herein:	<u></u>	<u> </u>
	<u> </u>		Check the box to i	ndicate an attachment
		and affirm that I/we have examined ents, and that all statements contain		
Type or Print N	Name of General Partner			Date
Seven F	arms, Inc.			May 21, 2019
Signature of G	eneral Partner	Jamo Alexand	ory	
Type or Print N	Name of General Partner			Date
Signature of G	eneral Partner			
		SIGN DOCUMENT HERE		
Type or Print N	Name of General Partner			Date
Signature of G	General Partner	SIGN DOCUMENT HERE		
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