



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

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2020 APR 20 P 3:25

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:		
Salty Hair Studio LLP		
2. The address of the principal office is:		
Street Address 112 Botka Woods Drive		
City/Town Charlestown	State RI	Zip Code 02813
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	
Rebecca Hutton	112 Botka Woods Drive, Charlestown, RI 02813	
Lisa Hebert	314 Burdickville Rd, Charlestown, RI 02813	
Check this 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

FILED
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 BY *[Signature]* TVS7F
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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 **112 Botka Woods Drive**

City/Town Charlestown	State RI	Zip Code 02813
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6. A brief statement of the business in which the partnership is engaged in:
Rebecca Hutton and Lisa Hebert will be opening a Hair Salon in the next few months. We are solidifying a location at this time. I have put Rebecca's address for mail at this moment.

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 Rebecca Hutton	Date 04/08/2020
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Signature of Resident Partner  SIGN DOCUMENT HERE

Type or Print Name of Partner Lisa Hebert	Date 04/08/2020
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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:

April 20, 2020 03:25 PM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

