



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$100.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Partnership  
Certificate of Limited Partnership**

(Section 7-13-8 of the General Laws of Rhode Island, 1956, as amended)

**ARTICLE I**

The name of the limited partnership shall be: Riveredge Apartments, LP

**ARTICLE II**

The address of the specified office in this state where the records of the limited partnership shall be kept is:

No. and Street: 9 MARK FORE DRIVE  
City or Town: WEST WARWICK State: RI Zip: 02893 Country: USA

**ARTICLE III**

The street address (post office boxes are not acceptable) of the initial registered office of the limited partnership is:

No. and Street: 9 MARK FORE DRIVE  
City or Town: WEST WARWICK State: RI Zip: 02893

The name of its initial registered agent at such address is JAMES A. O'LEARY, ESQ.

**ARTICLE IV**

The name and business address of each general partner is:

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PARTNER	SKB, LLC OLEARY	651 ORCHARD STREET NEW BEDFORD, MA 02742 USA

**ARTICLE V**

The mailing address for the limited partnership is:

No. and Street: 651 ORCHARD STREET  
City or Town: NEW BEDFORD State: MA Zip: 02742 Country: USA

**ARTICLE VI**

Any other matters the partners determine to include herein:

**Signed this 5 Day of April, 2021 at 1:55:21 PM by the general partner(s).** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or*

*acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the partnership, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-13.*

By

<BR> SKB, LLC OLEARY

Signature(s) of all general partners named herein

Form No. 300  
Revised 09/07

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State of Rhode Island  
**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,  
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 05, 2021 01:52 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea  
*Secretary of State*

