



**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: Eternity medical care, 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: 132 OLD RIVER ROAD  
City or Town: LINCOLN State: RI Zip: 02865 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: 132 OLD RIVER ROAD  
City or Town: LINCOLN State: RI Zip: 02865

The name of its initial registered agent at such address is KUMAIT JAROJE

**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
NONE GIVEN - P	KUMAIT JAROJE	132 OLD RIVER ROAD LINCOLN , RI 02865 UNI

**ARTICLE V**

The mailing address for the limited partnership is:

No. and Street: 2 PINEBROOK LN  
City or Town: WORCESTER State: MA Zip: 01609 Country: USA

**ARTICLE VI**

Any other matters the partners determine to include herein:

**Signed this 20 Day of April, 2021 at 2:44:42 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> KUMAIT JAROJE

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 20, 2021 02:43 PM

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

Nellie M. Gorbea  
*Secretary of State*

