



State of Rhode Island

Department of State - Business Services Division

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2021 JUN 24 PM 3:51

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:
CBM ASSISTANCE GROUP LLP

2. The address of the principal office is:

Street Address
69 MONTGOMERY ST. PAWTUCKET, R.I. 02860

City/Town PAWTUCKET	State R.I.	Zip Code 02860
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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
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4. The name and address of all resident partners is:

NAME	ADDRESS
CHARLES A. CASH JR.	275 GROTTO AVE. PAWTUCKET, R.I. 02860
BRIAN FELAG	15 OAK BLUFF DR. ATTLEBORO, MA 02703

Check this box to indicate an attachment

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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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

69 MONTGOMERY ST.

City/Town

PAWTUCKET

State

R.I.

Zip Code

02860

6. A brief statement of the business in which the partnership is engaged in:

EVENT PLANNING AND CONSULTING

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

CHARLES A. CASH JR.

Date

6/24/21

Signature of Resident Partner



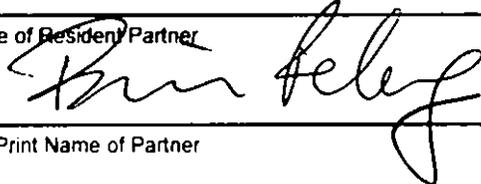
Type or Print Name of Partner

BRIAN FELAG

Date

6/24/21

Signature of Resident Partner



Type or Print Name of Partner

Date

Signature of Resident Partner