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

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2021 SEP -9 PM 12:43

Renewal of Registration of Limited Liability Partnership

DOMESTIC Limited Liability Partnership

→ Filing Fee: $50.00

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. Entity ID Number:	2. The name of the partnership is:
001688471	**SANROSE REALTY ASSOCIATES, LLP**

3. The address of the principal office is:

Street Address		
ONE FURNITURE WAY		
City/Town **SWANSEA**	State **MA**	Zip Code **02777**

4. 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		
MARK G. SYLVIA, ESQ		
Street Address (NOT a P.O. Box) **56 Exchange Terrace**		
City/Town **PROVIDENCE**	State **RHODE ISLAND**	Zip Code **02903**

5. The name and address of all resident partners is:

NAME	ADDRESS
ROLAND P. CARDI	**1681 QUAKER LANE, WEST WARWICK, RI 02893**
PETER D. CARDI	**1681 QUAKER LANE, WEST WARWICK, RI 02893**
CARDI'S DEPARTMENT STORE, INC.	**1681 QUAKER LANE, WEST WARWICK, RI 02893**

Check the box to indicate an attachment. ☐

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SEP 09 2021

BY TMS6E

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

6. 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: **ONE FURNITURE WAY**

City/Town	State	Zip Code
SWANSEA	**MA**	**02777**

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

TO ACQUIRE AND OPERATE RENTAL REAL ESTATE, AND TO CONDUCT SUCH OTHER LAWFUL BUSINESS ALLOWABLE BY R.I.G.L. SEC. 7-12-31.1 AS THE PARTNERS SHALL FROM TIME TO TIME DETERMINE.

8. 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	Date
Roland P. Cardi, individually, and as an officer of Cardi's Department Store, Inc.	9/21/21

Signature of Resident Partner: SIGN DOCUMENT HERE

Type or Print Name of Partner	Date
Peter D. Cardi	9/21/21

Signature of Resident Partner: SIGN DOCUMENT HERE

Type or Print Name of Partner	Date

Signature of Resident Partner: SIGN DOCUMENT HERE

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.