State of Rhode Island
Department of State - Business Services Division

2021 NOV 15 PM 2:36
R.I. DEPT. OF STATE
BUS. SERVS. DIV.

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:

KOCH EYE ASSOCIATES, LLP

2. The address of the principal office is:

Street Address		
566 TOLLGATE ROAD		
City/Town	State	Zip Code
WARWICK	RI	02886

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	Zip Code
	RHODE ISLAND	

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

NAME	ADDRESS

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		
566 TOLLGATE ROAD		
City/Town	State	Zip Code
WARWICK	RI	02886

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

THE PROVISION OF EYE CARE INCLUDING OPTHAMOLOGY AND OPTICAL SERVICES

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	Date
COREY WESTERFELD, M.D.	11-11-2021
Signature of Resident Partner	
Type or Print Name of Partner	Date
Signature of Resident Partner	
Type or Print Name of Partner	Date
Signature of Resident Partner	

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.