



State of Rhode Island

Department of State - Business Services Division

## Renewal of Registration of Limited Liability Partnership

### DOMESTIC Limited Liability Partnership

→ Filing Fee: \$50.00

The undersigned, desiring to renew, a 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:

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RI DEPT OF STATE  
BUS SVCS DIV  
2022 DEC -2 PM 12:58

1. Entity ID Number: 001690708		2. The name of the partnership is: Providence River Trading Associates, LLP	
3. The address of the principal office is:			
Street Address 577 South Water Street			
City/Town Providence		State RI	Zip Code 02903
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 James P. Redding			
Street Address (NOT a P.O. Box) 27 Sakonnet Point Road			
City/Town Little Compton		State RHODE ISLAND	Zip Code 02837
5. The name and address of all resident partners is:			
NAME		ADDRESS	
AL FORNO, INC.		577 South Water Street, Providence, RI 02903	
JOHANNE KILLEEN		577 South Water Street, Providence, RI 02903	
THE GEORGE N. GERMON REVOCABLE TRUST		577 South Water Street, Providence, RI 02903	
Check this box to indicate an attachment <input type="checkbox"/>			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED STAMP

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FORM 500A - Revised 08/2020

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 577 South Water Street

City/Town Providence

State RI

Zip Code 02903

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

REAL ESTATE OWNERSHIP

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

AL FORNO, INC.

Date

12/20/2022

Signature of Resident Partner

*Johanne O Killeen*

Type or Print Name of Partner

JOHANNE KILLEEN

Date

12/20/2022

Signature of Resident Partner

*Johanne O Killeen*

Type or Print Name of Partner

Date

Signature of Resident Partner