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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 7-12.1-901, do execute the following Registration of Limited Liability Partnership:

1. The name of the limited liability partnership is:		
Waterloo Way, LLP		
2. The address of the principal office is:		
Street Address 3900 NW 2ND AVENUE		
City/Town Miami	State FL	Zip Code 33127
3. The name and address of the initial registered agent/office in Rhode Island is:		
Agent Name Rhonda Hiltz		
Street Address (NOT a P.O. Box) 558 Roosevelt Avenue		
City/Town Central Falls	State RHODE ISLAND	Zip Code 02863
4. The name and address of each partner is (This is optional.):		
NAME	ADDRESS	
Homer Way, Inc.	100 Higginson Avenue, Lincoln, RI 02865	
Colonades Way, Inc.	3900 NW 2nd Avenue, Miami, FL 33127	
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

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5. By filing this statement, the partnership elects to become a limited liability partnership.	
6. The partnership has the purpose of engaging in any lawful business, and shall have perpetual existence until cancelled or terminated in accordance with RIGL <u>7-12.1</u> .	
7. Date when this Statement of Qualification will be effective: CHECK ONE BOX ONLY	
<input checked="" type="checkbox"/> Date received (Upon filing)	
<input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____	
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.	
<i>Under penalty of perjury, I/we declare and affirm that I/we have examined this Statement of Qualification of Limited Liability Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.</i>	
Type or Print Name of Authorized Person	Date
MICHAEL Bromley	1-6-2023
Signature of Authorized Person	
	

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.