



State of Rhode Island
Department of State - Business Services Division

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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:		
558 Central Falls, LLP		
2. The address of the principal office is:		
Street Address 3900 NW 2nd Avenue		
City/Town Miami	State Florida	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	
Albany Way, Inc.	558 Roosevelt Avenue, Central Falls, RI 02863	
Naya 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 7-12.1.

7. Date when this Statement of Qualification will be effective: **CHECK ONE BOX ONLY**

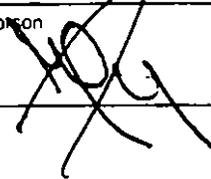
Date received (Upon filing)

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.

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.

Type or Print Name of Authorized Person MICHAEL BOOMLEU	Date 1.6.2023
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Signature of Authorized Person




State of Rhode Island
Department of State | Office of the Secretary of State
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,

hereby certify that this document, duly executed in accordance with the provisions

of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

January 09, 2023 12:03 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore
Secretary of State

