



State of Rhode Island

Department of State - Business Services Division

Registration of Limited Liability Partnership

DOMESTIC Limited Liability Partnership

→ Filing Fee: \$150.00

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2023 FEB -1 PM 2:01

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:		
Presto Properties LLP		
2. The address of the principal office is:		
Street Address 47 Clark Street		
City/Town Westerly	State RI	Zip Code 02891
3. The name and address of the initial registered agent/office in Rhode Island is:		
Agent Name Daniel Terilli		
Street Address (NOT a P.O. Box) 47 Clark Street		
City/Town Westerly	State RHODE ISLAND	Zip Code 02891
4. The name and address of each partner is (This is optional):		
NAME	ADDRESS	
Daniel M Terilli	47 Clark Street, Westerly, RI 02891	
Ryan Bowdy	136 West Broad Street, Pawcatuck, CT 06379	
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

FEB 1 2023

2:01

BY AK686R

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.

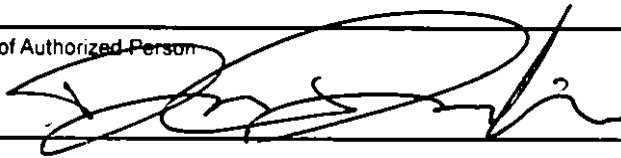
Type or Print Name of Authorized Person

Daniel Terilli

Date

1/27/2023

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:

February 01, 2023 02:01 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of each word being capitalized.

Gregg M. Amore
Secretary of State

