



State of Rhode Island

Department of State - Business Services Division

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2023 FEB -1 PM 2:01

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: <b>Presto Properties LLP</b>		
2. The address of the principal office is:		
Street Address <b>47 Clark Street</b>		
City/Town <b>Westerly</b>	State <b>RI</b>	Zip Code <b>02891</b>
3. The name and address of the initial registered agent/office in Rhode Island is:		
Agent Name <b>Daniel Terilli</b>		
Street Address (NOT a P.O. Box) <b>47 Clark Street</b>		
City/Town <b>Westerly</b>	State <b>RHODE ISLAND</b>	Zip Code <b>02891</b>
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

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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

