



State of Rhode Island

Department of State - Business Services Division

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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:

1. Entity ID Number: 001683289		2. The name of the partnership is: Bay Spring Associates LLP	
3. The address of the principal office is:			
Street Address 60 Bay Spring Avenue, Unit B3			
City/Town Barrington		State RI	Zip Code 02806
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			
Street Address (NOT a P.O. Box)			
City/Town		State RHODE ISLAND	Zip Code
5. The name and address of all resident partners is:			
NAME		ADDRESS	
Robert S. Andreozzi, Trustee of the Robert S. Andreozzi Revocable Trust - 1989		33 Surf Drive, Bristol RI 02809	
Robert S. Andreozzi, Trustee of the Roberta S. Andreozzi Revocable Trust - 1989		33 Surf Drive, Bristol RI 02809	
Benjamin Jay Andreozzi		61 Primrose Hill Avenue, Barrington RI 02806	
Mark Moura		16 Bernard Avenue, Barrington RI 02806	
Check this box to indicate an attachment <input type="checkbox"/>			

FILED**MAIL TO:**

Division of Business Services

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

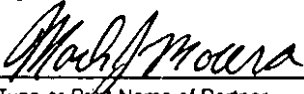
Phone: (401) 222-3040

Website: www.sos.ri.gov

FEB 10 2023BY **ALX62****H.A. 1:10PM**

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STAMP

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 60 Bay Spring Avenue, Unit B3 ↗		
City/Town Barrington	State RI	Zip Code 02806
7. A brief statement of the business in which the partnership is engaged in: Acquire, develop, own, lease and sell real estate and for any lawful purposes.		
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 Certificate of Limited Liability Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.</i>		
Type or Print Name of Partner Mark Moura	Date 11-21-2022	
Signature of Resident Partner 		
Type or Print Name of Partner	Date	
Signature of Resident Partner		
Type or Print Name of Partner	Date	
Signature of Resident Partner		



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 10, 2023 01:10 PM

A handwritten signature in black ink that reads "Gregg M. Amore". The signature is fluid and cursive.

Gregg M. Amore
Secretary of State

