



State of Rhode Island

Department of State - Business Services Division

**Statement of Registration****FOREIGN Limited Partnership**

→ Filing Fee: \$100.00 minimum

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

2023 MAR 10 P 2:39

Pursuant to the provisions of RIGL 7-13.1-1003, the undersigned foreign limited partnership hereby applies for a Certificate of Registration to transact business in the State of Rhode Island, and for that purpose submits the following statement:

|                                                                                                                                                                                                                                                                          |                                  |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------|
| 1. The name of the limited partnership is:                                                                                                                                                                                                                               |                                  |          |
| Connection Chemical, LP                                                                                                                                                                                                                                                  |                                  |          |
| The name, if different, which it elects to use in Rhode Island is:                                                                                                                                                                                                       |                                  |          |
|                                                                                                                                                                                                                                                                          |                                  |          |
| 2. The limited partnership is organized under the laws of:                                                                                                                                                                                                               | 3. The date of its formation is: |          |
| Pennsylvania                                                                                                                                                                                                                                                             | 12/16/2010                       |          |
| 4. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:                                                                                                                                                               |                                  |          |
| Chemical Distributor                                                                                                                                                                                                                                                     |                                  |          |
| 5. The name and address of the registered agent/office in Rhode Island is:                                                                                                                                                                                               |                                  |          |
| Agent Name CT Corporation System                                                                                                                                                                                                                                         |                                  |          |
| Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A                                                                                                                                                                                                  |                                  |          |
| City/Town                                                                                                                                                                                                                                                                | State                            | Zip Code |
| East Providence                                                                                                                                                                                                                                                          | RHODE ISLAND                     | 02914    |
| 6. The Department of State is appointed the agent of the foreign limited liability partnership for service of process if, at any time, there is no registered agent or if the registered agent cannot be found or served following the exercise of reasonable diligence. |                                  |          |

**MAIL TO:**

Division of Business Services

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

Phone: (401) 222-3040

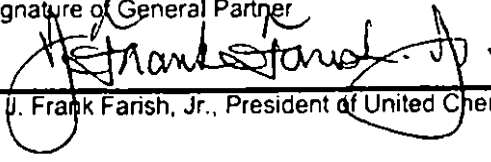
Website: www.sos.ri.gov

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 BY *[Signature]* 8F3AN  
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FORM 350 - Revised 01/2023

|                                                                                                                                                                                                            |                                               |                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-------------------|
| 7. The address, if applicable, of the office required to be maintained in the state or country of its organization is:                                                                                     |                                               |                   |
| 104 Pheasant Run, Ste. 104, Newtown, PA 18940                                                                                                                                                              |                                               |                   |
| 8. The name and business address of each general partner is:                                                                                                                                               |                                               |                   |
| GENERAL PARTNER                                                                                                                                                                                            | BUSINESS ADDRESS                              |                   |
| United Chemical Partners, LLC                                                                                                                                                                              | 104 Pheasant Run, Ste. 104, Newtown, PA 18940 |                   |
|                                                                                                                                                                                                            |                                               |                   |
|                                                                                                                                                                                                            |                                               |                   |
|                                                                                                                                                                                                            |                                               |                   |
| 9. The address of the foreign limited partnership's principal place of business is:                                                                                                                        |                                               |                   |
| Address 104 Pheasant Run, Ste. 104                                                                                                                                                                         |                                               |                   |
| City/Town<br>Newtown                                                                                                                                                                                       | State<br>PA                                   | Zip Code<br>18940 |
| 10. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> from the state or country of formation dated within 60 days of the date of filing.                      |                                               |                   |
| 11. Date when this Statement of Registration for a limited partnership will be effective: <b>CHECK ONE BOX ONLY</b>                                                                                        |                                               |                   |
| <input checked="checked" type="checkbox"/> Date recieved (upon filing)                                                                                                                                     |                                               |                   |
| <input type="checkbox"/> Later effective date (date must be no more than 90 days from the date of filing) _____                                                                                            |                                               |                   |
| Under penalty of perjury, I declare and affirm that I have examined this Statement of Registration, including any accompanying attachments, and that all statements contained herein are true and correct. |                                               |                   |
| Type or Print Name of General Partner<br>United Chemical Partners, LLC                                                                                                                                     | Date<br>02/20/2023                            |                   |
| Signature of General Partner<br>                                                                                        |                                               |                   |

J. Frank Farish, Jr., President of United Chemical Partners, LLC

**Pennsylvania Department of State**  
Bureau of Corporations and Charitable Organizations  
PO Box 8722 | Harrisburg, PA 17105-8722  
T: 717-787-1057  
[dos.pa.gov/BusinessCharities](http://dos.pa.gov/BusinessCharities)

**Regarding:** CONNECTION CHEMICAL, LP  
**Request Type:** Subsistence Certificate **Issuance Date:** March 08, 2023  
**Request No.:** 011035411 **File No.:** 0003998070  
**Receipt No.:** 000408652  
**Filing Type:** Domestic Limited Partnership  
(LP/LLLP)  
**Filing Subtype:** Limited Partnership  
**Initial Filing Date:** December 16, 2010  
**Status:** Active

**TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:**

I DO HEREBY CERTIFY THAT

CONNECTION CHEMICAL, LP

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have  
hereunto set my hand and caused the seal  
of my office to be affixed, the day and year  
above written

**Albert Schmidt**

Acting Secretary of the Commonwealth

Verify this certificate online at [www.file.dos.pa.gov](http://www.file.dos.pa.gov)



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:

March 10, 2023 02:39 PM

A handwritten signature in black ink, reading "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

