



State of Rhode Island
Department of State - Business Services Division

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Certificate of Limited Partnership

DOMESTIC Limited Partnership

→ Filing Fee: \$100.00

The undersigned, desiring to form a limited partnership under and by virtue of the powers conferred by RIGL 7-13.1-201, do execute the following Certificate of Limited Partnership:

1. The name of the limited partnership is: Lazy Lawn Realty Limited Partnership		
2. The address of the limited partnership's principal office is: Address 528 Third Beach Road		
City/Town Middletown	State RHODE ISLAND	Zip Code 02842
3. The name and address of the initial registered agent/office in Rhode Island is: Agent Name Corporation Service Company		
Street Address (NOT a P.O. Box) 222 Jefferson Boulevard, Suite 200		
City/Town Warwick	State RHODE ISLAND	Zip Code 02888
4. The name and business address of each general partner is:		
GENERAL PARTNER	BUSINESS ADDRESS	
Lazy Lawn LLC	528 Third Beach Road, Middletown, RI 02842	

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. Any other matters the partners determine to include herein:

Check the box to indicate an attachment

6. The Partnership has the purpose of engaging in any lawful business, and shall have perpetual existence until dissolved or terminated in accordance with R.I.G.L. 7-13.1.

7. Date when this Certificate of Limited Partnership 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) _____

Under penalty of perjury, I/we declare and affirm that I/we have examined this Certificate of Limited Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of General Partner

Lazy Lawn LLC, By: John D. Rogers

Date

3/5/2023

Signature of General Partner

/s/ John D. Rogers

Type or Print Name of General Partner

Date

Signature of General Partner

Type or Print Name of General Partner

Date

Signature of General 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:

March 17, 2023 12:01 PM

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

Gregg M. Amore
Secretary of State

