



State of Rhode Island  
Department of State - Business Services Division

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV  
2023 MAY 23 P 2:07

## 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:   |   |                   |
| MT 143 Irving Ave, LP  |   |                   |
| 2. The address of the limited partnership's principal office is:                   |   |                   |
| Address 60 East 8th Street, 23D  |   |                   |
| City/Town<br>New York  | State<br>New York                                 | Zip Code<br>10003 |
| 3. The name and address of the initial registered agent/office in Rhode Island is: |   |                   |
| Agent Name Ericka L. Levesque, Esq.  |   |                   |
| Street Address (NOT a P.O. Box) 311 Angell Street                                  |   |                   |
| City/Town<br>Providence  | State<br>RHODE ISLAND                             | Zip Code<br>02906 |
| 4. The name and business address of each general partner is:                       |   |                   |
| GENERAL PARTNER  | BUSINESS ADDRESS                                  |                   |
| MT 143 Irving Ave GP, LLC  | 60 East 8th Street, 23D, New York, New York 10003 |                   |
|  |   |                   |
|  |   |                   |
|  |   |                   |

### MAIL TO:

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)

FILED

MAY 23 2023

BY L/KK9KB  
2:07

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

Robert T. Bone, Member of MT 143 Living GP, LLC its General Partner

Date

5/23/23

Signature of General Partner



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:

May 23, 2023 02:07 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*

