



State of Rhode Island
Department of State - Business Services Division

Statement of Qualification of Limited Liability Partnership

DOMESTIC Limited Liability Partnership

→ Filing Fee: \$150.00

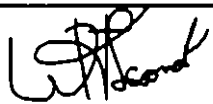
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R.I. DEPT. OF STATE
BUS SVCS DIV
STAMP
2023 MAY 24 P 12:54
FOR SECRETARY OF STATE
RI, U.S.A.

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 Statement of Qualification of Limited Liability Partnership:

| | | |
|--|-----------------------------------|-------------------|
| 1. The name of the limited liability partnership is: | | |
| HINT RD LLP | | |
| 2. The address of the principal office is: | | |
| Street Address 320 Phillips St. Ste 203 | | |
| City/Town North Kingstown | State RI | Zip Code 02852 |
| 3. The name and address of the initial registered agent/office in Rhode Island is: | | |
| Agent Name Wendy Leonard | | |
| Street Address (NOT a P.O. Box) 330 Cowesett Rd. | | |
| City/Town Warwick | State RHODE ISLAND | Zip Code 02886 |
| 4. The name and address of each partner is (This is optional.): | | |
| NAME | ADDRESS | |
| Sarah Durand | 15 Wharf Rd. Warwick, RI 02889 | |
| Wendy Leonard | 330 Cowsett Rd. Warwick, RI 02886 | |
| | | |
| | | |
| 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 2XW99
A.A. 12:54 pm

| | |
|---|-------------------|
| 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 <u>7-12.1</u> . | |
| 7. Date when this Statement of Qualification will be effective: CHECK ONE BOX ONLY | |
| <input checked="checked" type="checkbox"/> Date received (Upon filing) | |
| <input type="checkbox"/> 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. | |
| <i>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.</i> | |
| Type or Print Name of Authorized Person Wendy Leonard | Date 5/24/2023 |
| Signature of Authorized Person  | |



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 24, 2023 12:54 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore
Secretary of State

