



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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RI DEPT. OF STATE
BUS. SVC. DIV.
2023 JUN -5 A 9:30

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:		
KODDOE LLP		
2. The address of the principal office is:		
Street Address		
430 RIVER AVE.		
City/Town	State	Zip Code
PROVIDENCE	RI	02908
3. The name and address of the initial registered agent/office in Rhode Island is:		
Agent Name		
MOSES JANGA		
Street Address (NOT a P.O. Box)		
430 RIVER AVE.		
City/Town	State	Zip Code
PROVIDENCE	RHODE ISLAND	02908
4. The name and address of each partner is (This is optional.):		
NAME	ADDRESS	
JESSE GRABO	430 RIVER AVE, PROVIDENCE, RI, 02908	
MOSES JANGA	75 Biffield St PROVIDENCE, RI, 02905	
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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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 7-12.1.	
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 <div style="font-size: 1.5em; font-family: cursive;">MOSES JANGA</div>	Date <div style="font-size: 1.5em; font-family: cursive;">06/05/23</div>
Signature of Authorized Person <div style="font-size: 1.5em; font-family: cursive;">Mose Janga</div>	