



State of Rhode Island
Department of State - Business Services Division

RECEIVED
R.I. DEPARTMENT OF STATE
STAMP
2023 JUN 23 A 11:43

Statement of Qualification of Limited Liability Partnership

DOMESTIC Limited Liability Partnership

→ Filing Fee: \$150.00

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: PROVIDENCE TAXI LLP		
2. The address of the principal office is:		
Street Address 42 OPHELIA ST		
City/Town PROVIDENCE	State RT	Zip Code 02909
3. The name and address of the initial registered agent/office in Rhode Island is:		
Agent Name RANDI A. PEREZ		
Street Address (NOT a P.O. Box) 42 OPHELIA ST		
City/Town PROV	State RHODE ISLAND	Zip Code 02909
4. The name and address of each partner is (This is optional.):		
NAME	ADDRESS	
RANDI PEREZ	42 OPHELIA ST PROV RT 02909	
MAYRA PEREZ	42 OPHELIA ST PROV RI 02909	
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

FILED
JUN 23 2023
BY **ML 42024**
11:43

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**

Date received (Upon filing)

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.

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.

Type or Print Name of Authorized Person	Date
Ramón PEREZ	06/23/2023

Signature of Authorized Person

Ramón Pérez