FORM 300 - Revised 3/2023

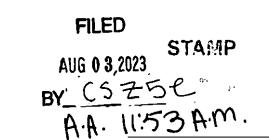
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STAMP **Certificate of Limited Partnership DOMESTIC Limited Partnership** FOR LEG TH YOF STOLE UNE CALL The undersigned, desiring to form a limited partnership under and by virtue of the powers conferred by RIGL 7-13,1-201, do execute the following Certificate of Limited Partnership: 1. The name of the limited partnership is: NPM Main St. Holdings, LP 2. The address of the limited partnership's principal office is: Address 57 Lakeside Drive Zip Code 02817 City/Town State Smithfield RI 3. The name and address of the initial registered agent/office in Rhode Island is: Agent Name Bilodeau Capalbo, LLC Street Address (NOT a P.O. Box) 1350 Division Road, Suite 102 Zip Code 02893 City/Town West Warwick State **RHODE ISLAND** 4. The name and business address of each general partner is: **GENERAL PARTNER BUSINESS ADDRESS** John Messier 57 Lakeside Drive, Smithfield, RI 02817

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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Department of State - Business Services Division

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5. Any other matters the partners determine to include herein:			
Check the box to in	idicate an attachment		
<ol><li>The Partnership has the purpose of engaging in any lawful business, and shall have perpetu dissolved or terminated in accordance with R.I.G.L. <u>7-13.1</u>.</li></ol>	al existence until		
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 Lim	nited Partnership,		
including any accompanying attachments, and that all statements contained herein are true an	d correct.		
Type or Print Name of General Partner	Date		
John Messier	7/31/2023		
Sugature of General Partner			
1 2 m			
Type or Print Name of General Partner	Date		
	Date		
Signature of General Partner			
Type or Print Name of General Partner	Date		
Signature of General Partner			

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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:

August 03, 2023 11:53 AM

Treng M. Course

Gregg M. Amore Secretary of State

