



Certificate of Limited Partnership

DOMESTIC Limited Partnership

→ Filing Fee: \$100.00

STAMP

FOR LES THE YOF STREE UND BUILD

The undersigned, desiring to form a limited conferred by RIGL 7-13.1-201, do execute				
1. The name of the limited partnership is:	the following Cert	incate of Limited Partnersin	ip	
NPM Main St. Holdings, LP				
2. The address of the limited partnership's	principal office is			
Address 57 Lakeside Drive				
City/Town Smithfield		State RI	Zip Code 02817	
3. The паme and address of the initial reg	istered agent/offic	e in Rhode Island is:		
Agent Name Bilodeau Capalbo, LLC	1			
Street Address (<u>NOT</u> a P.O. Box)	ivision Road, S	Suite 102		
City/Town West Warwick		State RHODE ISLAND	Zip Code 02893	
4. The name and business address of each	ch general partner	is:		
GENERAL PARTNER	BUSINESS A	BUSINESS ADDRESS		
John Messier	57 Lakeside	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 **FILED**

AUG 0 3,2023

BY CS Z5C A.A. 11:53 A.M.

5. Any other matters the partners determine to include herein:	
Che	ck the box to indicate an attachment
 The Partnership has the purpose of engaging in any lawful business, and sha dissolved or terminated in accordance with R.I.G.L. 7-13.1. 	Il have perpetual existence until
7. Date when this Certificate of Limited Partnership will be effective: CHECK ON	IE BOX ONLY
☑ Date received (upon filing)	
Later effective date (Date must be no more than 90 days from the date of fi	iling)
Under penalty of perjury, I/we declare and affirm that I/we have examined this C including any accompanying attachments, and that all statements contained her	•
Type or Print Name of General Partner	Date 7 (21 (2022
John Messier	7/31/2023
Signature of General Partner	
1 8 m	
Type or Print Name of General Partner	Date
Signature of General Partner	
Type or Print Name of General Partner	Date
Signature of General Partner	