



State of Rhode Island
Department of State - Business Services Division

Certificate of Limited Partnership

DOMESTIC Limited Partnership

→ Filing Fee: \$100.00

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2023 SEP 18 P 12:34

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:		
SLUSARCZYK FAMILY LIMITED PARTNERSHIP		
2. The address of the limited partnership's principal office is:		
Address 50 Sycamore Lane		
City/Town	State	Zip Code
South Kingstown	RI	02879
3. The name and address of the initial registered agent/office in Rhode Island is:		
Agent Name Jonathan V. Kalandar, Esq.		
Street Address (NOT a P.O. Box) 931 Jefferson Blvd., Ste 2004		
City/Town	State	Zip Code
Warwick	RHODE ISLAND	02886
4. The name and business address of each general partner is:		
GENERAL PARTNER	BUSINESS ADDRESS	
Carl H. Slusarczyk, Jr., Trustee of the Revocable Trust of Carl H. Slusarczyk, Jr. 2020	50 Sycamore Lane, South Kingstown, RI 02879	

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

SEP 18 2023

BY FCQ1

12:34

5. Any other matters the partners determine to include herein:

Check the box to indicate an attachment ☐

6. The Partnership has the purpose of engaging in any lawful business, and shall have perpetual existence until dissolved or terminated in accordance with R.I.G.L. 7-13.1.

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 Limited Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.

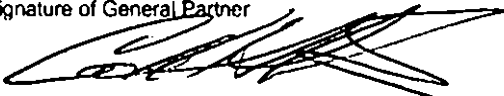
Type or Print Name of General Partner

Carl H. Slusarczyk, Jr., Trustee of the Revocable Trust of Carl H. Slusarczyk, Jr. 2020

Date

9/15/2023

Signature of General Partner



Type or Print Name of General Partner

Date

Signature of General Partner

Type or Print Name of General Partner

Date

Signature of General Partner



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:

September 18, 2023 12:34 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Gregg M. Amore
Secretary of State

