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State of Rhode Island

Department of State - Business Services Division

the Partnership, and that all statements contained herein are true and correct.

Name of a General Partner or Authorized Representative

Designation of Registered Agent/Office

Designation of Report of DOMESTIC or FOREIC	-	mce	·	2.7.98
→ No Filing Fee				0.
Pursuant to the provisions on the following statement for the Rhode Island:				
1. Entity ID Number	2. Exact Name of the			0
1733358	The	Natal FA	mily L	LP
3. The address of the regis				
Street Address (<u>NOT</u> a P.O. E	BOX) 64 06	servatory 1	4re	
City/Town No Pro	rdence	State RHODE I	SLAND Zip	02911
4. The name of the registe	. Λ	y D. Nat	Lale	
5. Under penalty of perjury				tion of Registered Office by

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**

Date

OCT 26 2023