RI SOS Filing Number: 202453539010 Date: 4/30/2024 11:21:00 AM



State of Rhode Island

Department of State - Business Services Division

## ECTO RIDOS BAMP

## **Designation of Registered Agent/Office**

DOMESTIC or FOREIGN Partnership

→ No Filing Fee

Pursuant to the provisions of RIGL <u>7-13.1-118</u> or <u>7-12.1-909</u> the undersigned partnership submits the following statement for the purpose of designating a registered agent and office in the State of Rhode Island:

| Tribut Island.   |  |                     |                                    |
|--|--|---------------------|------------------------------------|
| 1. Entity ID Number                                    | 2. Exact Name of the Partnership                                       |                     |                                    |
| 000067574  | 34 TL-Limited Partnership  |                     |                                    |
| 3. The address of the reg                              |  |                     |                                    |
| Street Address (NOT a P.O.                             | Box) 8 Pennsylvania Ave  |                     |                                    |
| City/Town Little Compton                               |  | State RHODE ISLAND  | <sup>Zip</sup> 02837               |
| 4. The name of the regist                              | tered agent is:  |                     |                                    |
| Michael A Steers                                       |  |                     |                                    |
|  | ry, I declare and affirm that I have all statements contained herein a |                     | esignation of Registered Office by |
| Name of a General Partner or Authorized Representative |  | Catherine H Denckla | Date 4.30.24                       |
|  | al Partner or Authorized Represer                                      | A =                 | <u>*</u>                           |

MAIL TO:

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