



State of Rhode Island
Department of State - Business Services Division

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Statement of Registration

FOREIGN Limited Partnership

→ Filing Fee: \$100.00 minimum

Pursuant to the provisions of RIGL 7-13.1-1003, the undersigned foreign limited partnership hereby applies for a Certificate of Registration to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the limited partnership is:		
Rock Ridge, LP		
The name, if different, which it elects to use in Rhode Island is:		
2. The limited partnership is organized under the laws of:	3. The date of its formation is:	
CALIFORNIA	02/27/2024	
4. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:		
Lessors of residential buildings and dwellings.		
5. The name and address of the registered agent/office in Rhode Island is:		
Agent Name National Registered Agents, Inc.		
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A		
City/Town East Providence	State RHODE ISLAND	Zip Code 02914
6. The Department of State is appointed the agent of the foreign limited liability partnership for service of process if, at any time, there is no registered agent or if the registered agent cannot be found or served following the exercise of reasonable diligence.		

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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7. The address, if applicable, of the office required to be maintained in the state or country of its organization is:		
8. The name and business address of each general partner is:		
GENERAL PARTNER	BUSINESS ADDRESS	
Rock Ridge GP, LLC	11911 San Vicente Blvd, STE 355, Los Angeles, CA 90049	
9. The address of the foreign limited partnership's principal place of business is:		
Address 11911 San Vicente Blvd, STE 355		
City/Town Los Angeles	State CA	Zip Code 90049
10. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> from the state or country of formation dated within 60 days of the date of filing.		
11. Date when this Statement of Registration for a limited partnership will be effective: CHECK ONE BOX ONLY ☒ Date recieved (upon filing) ☐ Later effective date (date must be no more than 90 days from the date of filing) _____		
<i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Registration, including any accompanying attachments, and that all statements contained herein are true and correct.</i>		
Type or Print Name of General Partner Robert Budman, Member, Rock Ridge GP, LLC		Date 6/3/2024
Signature of General Partner 		

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: Rock Ridge, LP
Entity No.: 202461109711
Registration Date: 02/27/2024
Entity Type: Limited Partnership - CA
Formed In: CALIFORNIA
Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of June 04, 2024.

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 216597530

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.