



**State of Rhode Island
Office of the Secretary of State**

Fee: \$100.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Limited Partnership

Certificate of Limited Liability Limited Partnership

(Section 7-13.1-201 of the General Laws of Rhode Island, 1956, as amended)

ARTICLE I

The name of the limited liability limited partnership is: PS CROWNINSHIELD RIGP LP

ARTICLE II

The address of the limited liability limited partnership's principal office is:

No. and Street: 17 CROWNINSHIELD ST
City or Town: PROVIDENCE State: RI Zip: 02909 Country: USA

ARTICLE III

The name and address (post office boxes are not acceptable) of the initial registered agent/office in Rhode Island is:

No. and Street: 17 CROWNINSHIELD ST
City or Town: PROVIDENCE State: RI Zip: 02909

The name of its initial registered agent at such address is LEIDI SILVERIO

ARTICLE IV

The name and business address of each general partner is:

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PARTNER	LEIDI SILVERIO	17 CROWNINSHIELD ST PROVIDENCE, RI 02909 USA
PARTNER	GUSTAVO PEREZ	17 CROWNINSHIELD ST PROVIDENCE, RI 02909 USA

ARTICLE V

Any other matters the partners determine to include herein:

ARTICLE VI

The Partnership has the purpose of engaging in any lawful business, and shall have perpetual

existence until dissovled or terminated in accordance with R.I.G.L. 7-13.1.

ARTICLE VII

This Certificate of Limited Liability Limited Partnership shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing.

Later Effective Date:

Signed this 13 Day of June, 2024 at 3:32:54 PM by the general partner(s). *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the partnership, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-13.1*

Signature of all general partners named herein.
LEIDI SILVERIO

Form No. 300A
Revised 09/23

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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:

June 13, 2024 03:32 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore
Secretary of State

