4	RI SOS F	Filing Nu	mber: 202458	8822090	Date: 8/14/2024 4:00:00 PM			
	State of Rh Departme		d ate - Busines	s Services	Division		OF NON-SUBSTA	
→ Fili	ng Fee: \$50.	00	-				RUG 13 AM IN:	May
→ Pei	nalty: Addition	al \$25.00 f	ee if form is not fil	ed by May 31		BY	38774	
	y ID Number 2001138	74	2. Exact Name o			s ocimites	2. P.	
	CS Code 7 / 2-1 6	2	_			ess conducted in		
- 1	of Formation) Con					
6. Princ	cipal Office Ad	dress	Juive		Tonis	moutet	State RT.	Zip 02871
7. The LP and	name and bus	iness addr mendment is	ess of each gener	al partner or o	one or more p eneral partner(s	artner(s):) - use Form 301 (d	omestic) or Form 35	1 (foreign).
PARTN				BUSINESS A				
	David	A	Mc Aday	118	Young !	Dire	Poersno	th, RT.O
<u> </u>			,		,			
_								
		erjury, I de	clare and affirm th	at I have exa	mined this rep	port, and that all s	tatements containe	ed herein are true
Name	of General Pa		uthorized Repres				Date 08 09	12024
Signat	ure of Genera	al Partner o	r Authorized Rep	entative	<u> </u>			
	-			(9			
MAIL T	O :							
	n of Business S River Street, Pr		hode Island 02904	-2615				

Phone: (401) 222-3040 Website: www.sos.ri.gov