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State of Rhode Island
Department of State - Business Services Division

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:		
Levy Premium Foodservice Limited Partnership		
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:	
Illinois	12-04-1997	
4. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:		
contract food and beverage service		
5. The name and address of the registered agent/office in Rhode Island is:		
Agent Name: Corporation Service Company		
Street Address (NOT a P.O. Box): 222 Jefferson Boulevard, Suite 200		
City/Town: Warwick	State: RHODE ISLAND	Zip Code: 02888
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

FILED
AUG 27 2024
BY
AA. 12:11pm.

FORM - 350 Revised 12/2023

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
Levy GP Corporation	980 North Michigan Ave., Suite 400 Chicago, IL 60611
Levy Restaurant Limited Partnership	980 North Michigan Ave., Suite 400 Chicago, IL 60611

9. The address of the foreign limited partnership's principal place of business is:

Address: 980 North Michigan Ave., Suite 400

City/Town	State	Zip Code
Chicago	IL	60611

10. This application must be accompanied by a Certificate of Good Standing/Letter of Status 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) _____

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.

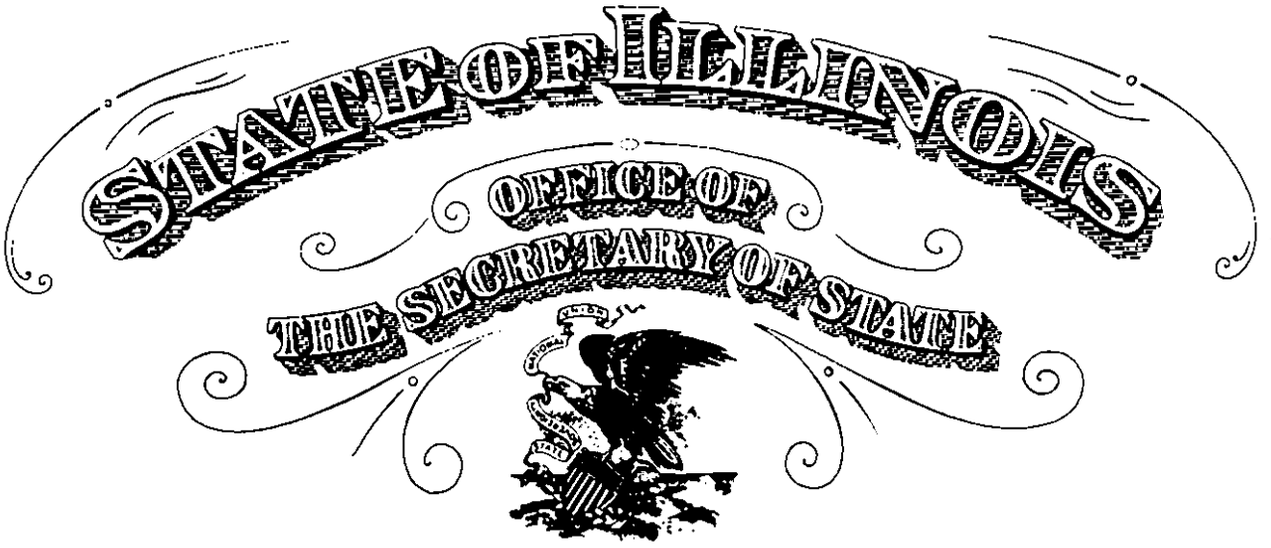
Type or Print Name of General Partner	Date
Sherif Folarin Dosunmu	August 22, 2024 | 6:50 AM CDT

Signature of General Partner

Signed by
Sherif Folarin Dosunmu

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.

File Number S013365



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

LEVY PREMIUM FOODSERVICE LIMITED PARTNERSHIP, HAVING REGISTERED IN THE STATE OF ILLINOIS ON DECEMBER 04, 1997, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE UNIFORM LIMITED PARTNERSHIP ACT (2001) OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LP/LLLP IN THE STATE OF ILLINOIS, HAVING FULFILLED ALL REQUIREMENTS OF SAID ACT WITH REGARD TO PAYMENT OF FEES, THE FILING OF ANNUAL REPORTS (IF APPLICABLE) AND NEITHER HAVING BEEN ADMINISTRATIVELY DISSOLVED BY THE SECRETARY OF STATE NOR HAVING VOLUNTARILY FILED A STATEMENT OF TERMINATION.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 22ND *day of* AUGUST *A.D.* 2024 .

Authentication #: 2423502910 verifiable until 08/22/2025
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

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:

August 27, 2024 12:11 PM

Gregg M. Amore
Secretary of State