



State of Rhode Island
Department of State - Business Services Division

REC'D RIDGS BSD
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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:			
WinnDevelopment Company Limited Partnership			
2. 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:	
Massachusetts		5/29/2012	
4. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:			
To acquire, own, manage, develop and sell real property.			
5. The name and address of the registered agent/office in Rhode Island is:			
Agent Name		Cogency Global Inc.	
Street Address (NOT a P.O. Box)			
222 Jefferson Boulevard			
City/Town	State	Zip Code	
Warwick	RHODE ISLAND	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.			

FILED

SEP 10 2024

BY JOSCK
1207

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MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

7. The address, if applicable, of the office required to be maintained in the state or country of its organization is:
One Washington Mall, Suite 500, Boston, MA 02108

8. The name and business address of each general partner is:

GENERAL PARTNER	BUSINESS ADDRESS
WDP Manager Corp.	One Washington Mall, Suite 500, Boston, MA 02108

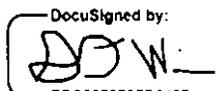
9. The address of the foreign limited partnership's principal place of business is:
Address One Washington Mall, Suite 500
City/Town Boston State MA Zip Code 02108

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 received (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 WDP Manager Corp., By Gilbert J. Winn, President	Date 9/9/2024
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Signature of General Partner 



The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

William Francis Galvin
Secretary of the
Commonwealth

August 21, 2024

To Whom it May Concern:

I hereby certify that according to the records in this office, a Certificate of Formation of Limited Partnership was filed in this office by

WINNDEVELOPMENT COMPANY LIMITED PARTNERSHIP

in accordance with the provisions of Massachusetts General Laws, Chapter 109, on **May 29, 2012**.

I further certify that said Limited Partnership has filed all annual reports due and paid all fees with respect to such reports; that said Limited Partnership has not filed a Certificate of Cancellation; that there are no proceedings presently pending under the Massachusetts General Laws Chapter 109, § 64 for said Limited Partnership's dissolution; and that, so far as appears of record, said Limited Partnership has legal existence and is in good standing with this office.

I also certify that the names of the General Partners as listed in the most recent filings are as follows:

WDP MANAGER CORP.
One Washington Mall, Suite 500
Boston, MA 02108



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth



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:

September 10, 2024 12:07 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore
Secretary of State

