State of Rhode Island
Department of State - Business Services Division

RECEIVED
SECRETARY OF STATE
CORPORATIONS

RECEIVED
RHODE STATE
BUS SVCS DIV 2024 SEP -4 AM 10: 26

2024 SEP 23 P 12: 58

Statement of Qualification of Limited Liability Partnership

DOMESTIC Limited Liability Partnership

→ Filing Fee: $150.00

The undersigned, desiring to form, a new limited liability partnership under and by virtue of the powers conferred by RIGL 7-12.1-901, do execute the following Statement of Qualification of Limited Liability Partnership:

1. The name of the limited liability partnership is:

25 Twins Lane LLP

2. The address of the principal office is:

Street Address		
35 Meadow View Blvd		
City/Town: North Providence	State: RI	Zip Code: 02904

3. The name and address of the initial registered agent/office in Rhode Island is:

Agent Name		
Christina Myers McNeil		
Street Address (NOT a P.O. Box): 35 Meadow View Blvd		
City/Town: North Providence	State: RHODE ISLAND	Zip Code: 02904

4. The name and address of each partner is (*This is optional.*):

NAME	ADDRESS
William A Myers	35 Meadow View Blvd. N. Providence, RI 02904
William P Myers	110 Cottage Ave. N. Providence, RI 02911
Steven Myers	1101 Dania Drive Fort Washington, MD 20744
Christina Myers McNeil	35 Meadow View Blvd. N. Providence, RI 02904

Check this box to indicate an attachment ☐

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
SEP 23 2024
BY MT 1204
AA. 12:58 pm

FORM 500 - Revised: 01/2024

5. By filing this statement, the partnership elects to become a limited liability partnership.

6. The partnership has the purpose of engaging in any lawful business, and shall have perpetual existence until cancelled or terminated in accordance with RIGL 7-12.1.

7. Date when this Statement of Qualification 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) _____

8. This application has been executed by a majority in interest of the partners or by one (1) or more partners authorized to execute an application.

Under penalty of perjury, I/we declare and affirm that I/we have examined this Statement of Qualification of Limited Liability Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of Authorized Person	Date
Christina Myers McNeil	August 5, 2024

Signature of Authorized Person

Christina Myers McNeil

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.

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 23, 2024 12:58 PM

Gregg M. Amore
Secretary of State