



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
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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: True Living Experience LLP		
2. The address of the principal office is:		
Street Address 125 Bracken Street		
City/Town Cranston	State RI	Zip Code 02920
3. The name and address of the initial registered agent/office in Rhode Island is:		
Agent Name Marven Beauvais		
Street Address (NOT a P.O. Box) 125 Bracken Street		
City/Town Cranston	State RHODE ISLAND	Zip Code 02920
4. The name and address of each partner is (This is optional.)		
NAME	ADDRESS	
Edrice Jean-Louis	37 Middleton Street, Providence RI, 02909	
Check this box to indicate an attachment <input type="checkbox"/>		

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

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BY F1104
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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**

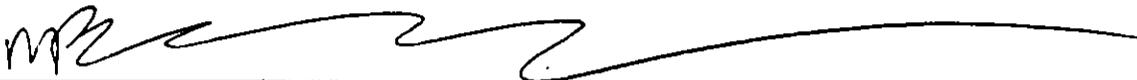
Date received (Upon filing)

Later effective date (Date must be no more than 90 days from the date of filing) January 1, 2025

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 Marven Beauvais	Date October 7, 2024
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Signature of Authorized Person




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:

October 07, 2024 03:29 PM

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

Gregg M. Amore
Secretary of State

