



State of Rhode Island
Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIV.
2024 DEC -9 AM 11:44

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:

Providence River Trading Associates, LLP

2. The address of the principal office is:

Street Address

577 South Water Street

City/Town

Providence

State

RI

Zip Code

02903

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

Agent Name

James P. Redding

Street Address (NOT a P.O. Box)

27 Sakonnet Point Road

City/Town

Little Compton

State

RHODE ISLAND

Zip Code

02837

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

NAME

ADDRESS

Al Forno, Inc.

577 South Water Street, Providence, RI 02903

Johanne Killeen

577 South Water Street, Providence, RI 02903

The George N. Germon

Revocable Trust

577 South Water Street, Providence, RI 02903

Check this box to indicate an attachment ☐

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

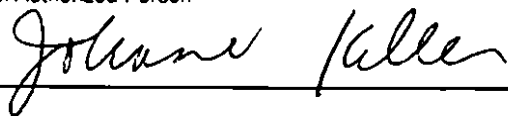
Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

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BY JIZHX
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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	
<input checked="checked" type="checkbox"/> Date received (Upon filing)	
<input type="checkbox"/> 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.	
<i>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.</i>	
Type or Print Name of Authorized Person	Date
Johanne Killeen	12/2/2024
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:

December 09, 2024 11:44 AM

A handwritten signature in black ink, reading "Gregg M. Amore".

Gregg M. Amore
Secretary of State

