



**State of Rhode Island  
Department of State - Business Services Division**

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**Statement of Qualification of Limited Liability Partnership**  
DOMESTIC Limited Liability Partnership

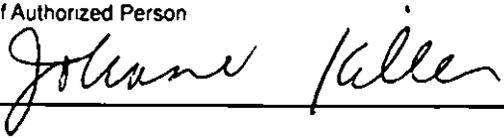
→ Filing Fee: \$150.00

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: <b>Providence River Trading Associates, LLP</b>		
2. The address of the principal office is:		
Street Address <b>577 South Water Street</b>		
City/Town <b>Providence</b>	State <b>RI</b>	Zip Code <b>02903</b>
3. The name and address of the initial registered agent/office in Rhode Island is:		
Agent Name <b>James P. Redding</b>		
Street Address (NOT a P.O. Box) <b>27 Sakonnet Point Road</b>		
City/Town <b>Little Compton</b>	State <b>RHODE ISLAND</b>	Zip Code <b>02837</b>
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 <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

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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 <u>7-12.1</u> .	
7. Date when this Statement of Qualification will be effective: <b>CHECK ONE BOX ONLY</b>	
<input 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	
	

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](mailto: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:

December 09, 2024 11:44 AM

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

Gregg M. Amore  
*Secretary of State*

