



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:		
Crane Properties LLP		
2. The address of the principal office is:		
Street Address 83 Overhill Rd		
City/Town Providence	State RI	Zip Code 02906
3. The name and address of the initial registered agent/office in Rhode Island is:		
Agent Name Christopher Crane		
Street Address (NOT a P.O. Box) 83 Overhill Rd		
City/Town Providence	State RHODE ISLAND	Zip Code 02906
4. The name and address of each partner is (This is optional.):		
NAME	ADDRESS	
Lee D Crane	54 John St Newport RI 02840	
Check this box to indicate an attachment <input type="checkbox"/>		

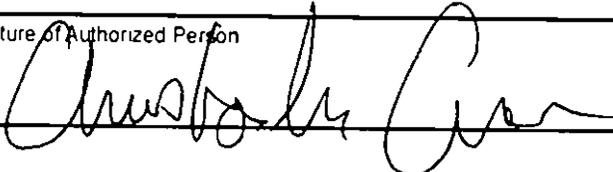
**MAIL TO:**  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

**FILED** 9:30

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BY KK5ZA

*(Signature)*

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: <b>CHECK ONE BOX ONLY</b>	
<input type="checkbox"/> Date received (Upon filing)	
<input checked="" type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) <u>1/1/2025</u>	
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
Christopher Crane	12/17/2024
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 18, 2024 09:30 AM

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

Gregg M. Amore  
*Secretary of State*

