



State of Rhode Island
Department of State - Business Services Division

REC'D
RIDOS BSB
25 JAN 31 PM 4:27:44

Certificate of Correction

Limited Partnership

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-13.1-209 the undersigned limited partnership hereby submits the following Certificate of Correction:

1. Entity ID Number: 000080068	2. The name of the limited partnership is: Donald A. Roach and Nancy G. Roach Limited Partnership
3. The document to be corrected is: Certificate of Limited Partnership	
4. The name of the individual(s) who signed the document being corrected is: Deborah A. Roach	
5. The date the document being corrected was originally filed on: 6/10/1994	
6. The inaccuracy or defect to be corrected is: The latest date upon which the limited partnership is to dissolve is 12/31/2024 <div style="text-align: right;">Check the box to indicate an attachment <input type="checkbox"/></div>	
7. The new corrected portion of the document states as follows: The limited partnership has a perpetual duration <div style="text-align: right;">Check the box to indicate an attachment <input type="checkbox"/></div>	
8. As required by RIGL 7-13.1, the entity has paid all fees and taxes.	

FILED

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

JAN 31 2025
BY 45B2x
427

Under penalty of perjury, I declare and affirm that I have examined this Certificate of Correction, including any accompanying attachments, and that all statements contained herein are true and correct.

Name of General Partner or Authorized Person

Deborah A. Roach

Signature of General Partner or Authorized Person

Deborah A. Roach

Date



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
25 JAN 31 AM 11:01:41

Certificate of Limited Partnership

DOMESTIC Limited Partnership

→ Filing Fee: \$100.00

The undersigned, desiring to form a limited partnership under and by virtue of the powers conferred by RIGL 7-13.1-201, do execute the following Certificate of Limited Partnership:

1. The name of the limited partnership is:		
Donald A. Roach and Nancy G. Roach Limited Partnership		
2. The address of the limited partnership's principal office is:		
Address 250 Rumstick Road		
City/Town Barrington	State RI	Zip Code 02806
3. The name and address of the initial registered agent/office in Rhode Island is:		
Agent Name Orson and Brusini Ltd.		
Street Address (NOT a P.O. Box) 211 Quaker Lane, Suite 201		
City/Town West Warwick	State RHODE ISLAND	Zip Code 02893
4. The name and business address of each general partner is:		
GENERAL PARTNER	BUSINESS ADDRESS	
Deborah A. Roach	2915 Riggory Ridge Road, Charlottesville, VA 22911	

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BY 45BZX
11/01

5. Any other matters the partners determine to include herein:	
Check the box to indicate an attachment <input type="checkbox"/>	
6. The Partnership has the purpose of engaging in any lawful business, and shall have perpetual existence until dissolved or terminated in accordance with R.I.G.L. <u>7-13.1</u> .	
7. Date when this Certificate of Limited Partnership will be effective. CHECK ONE BOX ONLY	
<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) _____	
Under penalty of perjury, I/we declare and affirm that I/we have examined this Certificate of Limited Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.	
Type or Print Name of General Partner	Date
Deborah A. Roach	1/30/2025
Signature of General Partner <i>Deborah A. Roach, as agent for Nancy G. Roach</i>	
Type or Print Name of General Partner	Date
Signature of General Partner	
Type or Print Name of General Partner	Date
Signature of General Partner	



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:

January 31, 2025 04:27 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore
Secretary of State

