RI SOS Filing Number: 202566273610 Date: 3/5/2025 10:25:00 AM



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Designation of Registered Agent/Office

DOMESTIC or FOREIGN Partnership

→ No Filing Fee

Pursuant to the provisions of RIGL <u>7-13,1-118</u> or <u>7-12,1-909</u> the undersigned partnership submits the following statement for the purpose of designating a registered agent and office in the State of Rhode Island:

Entity ID Number	2. Exact Name of the Partnership Riverside Associates, L.P.		
49843			
3. The address of the regis	stered office is:		
Street Address (NOT a P.O. E	^{Box)} 1 Park Row, Suite 300		
City/Town Providence		RHODE ISLAND	^{Z_{ip}} 02903
4. The name of the registe	red agent is:		
Carl I Freedman			
	r, I declare and affirm that I have e all statements contained herein are		esignation of Registered Office by
Name of a General Partner or Authorized Representative			Date
Stephen R. Lewinstein			3/4/2025
Signature of the a General	Partner or Authorized Representa	ative	
Stephen R. Lewinstein			

FILED

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MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.n.gov S WIN

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