



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

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## 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:		
Howard Wharf Hotel, LP		
2. The address of the limited partnership's principal office is:		
Address 24 Lees Wharf		
City/Town Newport	State RI	Zip Code 02840
3. The name and address of the initial registered agent/office in Rhode Island is:		
Agent Name David P. Martland		
Street Address (NOT a P.O. Box) 1100 Aquidneck Avenue		
City/Town Middletown	State RHODE ISLAND	Zip Code 02842
4. The name and business address of each general partner is:		
GENERAL PARTNER	BUSINESS ADDRESS	
44 Ocean Partners, LLC	24 Lees Wharf, Newport, RI 02840	

**MAIL TO:**

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

FILED STAMP  
 MAY 20 2025  
 BY 66123  
*SL*

5. Any other matters the partners determine to include herein:

Check the box to indicate an attachment ☐

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. 7-13.1.

7. Date when this Certificate of Limited Partnership will be effective: **CHECK ONE BOX ONLY**

☒ Date received (upon filing)

☐ 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

44 Ocean Partners, LLC by Wirt D. Blaffer, Manager

Date

3/14/2025

Signature of General Partner



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:

May 20, 2025 11:03 AM

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

Gregg M. Amore  
*Secretary of State*

