



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
25 JUN 20 AM 11:54:56

STAMP

Statement of Registration

FOREIGN Limited Partnership

→ Filing Fee: \$100.00 minimum

Pursuant to the provisions of RIGL 7-13.1-1003, the undersigned foreign limited partnership hereby applies for a Certificate of Registration to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the limited partnership is:		
KONSTRUKTORA ATLAS LIMITED PARTNERSHIP		
The name, if different, which it elects to use in Rhode Island is:		
2. The limited partnership is organized under the laws of:	3. The date of its formation is:	
STATE OF MA	06/10/2025	
4. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: CONSTRUCTION SERVICES: METAL FRAME AND SHEETROCK HANGERS		
5. The name and address of the registered agent/office in Rhode Island is:		
Agent Name PROFESSIONAL MULTISERVICES INC		
Street Address (NOT a P.O. Box) 1356 BROAD ST		
City/Town PROVIDENCE	State RHODE ISLAND	Zip Code 02905
6. The Department of State is appointed the agent of the foreign limited liability partnership for service of process if, at any time, there is no registered agent or if the registered agent cannot be found or served following the exercise of reasonable diligence.		

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

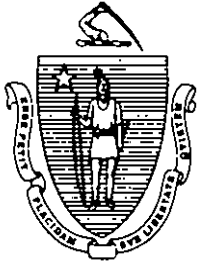
FILED 11:54 AM

STAMP
JUN 20 2025



BY WED 6C

7. The address, if applicable, of the office required to be maintained in the state or country of its organization is:		
8. The name and business address of each general partner is:		
GENERAL PARTNER	BUSINESS ADDRESS	
ALEXIS GARCIA	9 MASON STREET FALL RIVER, MA 02723 USA	
JOSE CANO	13 PECK STREET FALL RIVER, MA 02724 USA	
9. The address of the foreign limited partnership's principal place of business is:		
Address 9 MASON STREET		
City/Town FALL RIVER	State MA	Zip Code 02723
10. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> from the state or country of formation dated within 60 days of the date of filing.		
11. Date when this Statement of Registration for a limited partnership will be effective: CHECK ONE BOX ONLY <input checked="checked" type="checkbox"/> Date recieved (upon filing) <input type="checkbox"/> Later effective date (date must be no more than 90 days from the date of filing) _____		
<i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Registration, including any accompanying attachments, and that all statements contained herein are true and correct.</i>		
Type or Print Name of General Partner ALEXIS GARCIA		Date 06/18/2025
Signature of General Partner <div style="text-align: center; font-family: cursive; font-size: 1.2em;">Alexis Garcia</div>		



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

June 18, 2025

To Whom it May Concern:

I hereby certify that according to the records in this office, a Certificate of Formation of Limited Partnership was filed in this office by

KONSTRUKTORA ATLAS LIMITED PARTNERSHIP

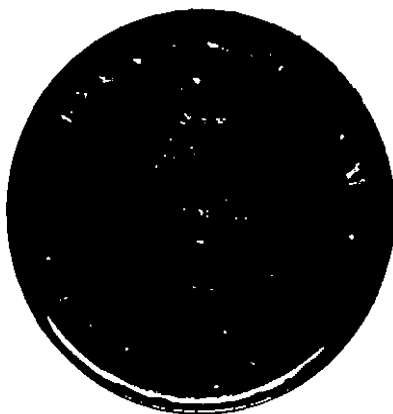
in accordance with the provisions of Massachusetts General Laws, Chapter 109, on **June 10, 2025**.

I further certify that said Limited Partnership has filed all annual reports due and paid all fees with respect to such reports; that said Limited Partnership has not filed a Certificate of Cancellation; that there are no proceedings presently pending under the Massachusetts General Laws Chapter 109, § 64 for said Limited Partnership's dissolution; and that, so far as appears of record, said Limited Partnership has legal existence and is in good standing with this office.

I also certify that the names of the General Partners as listed in the most recent filings are as follows:

ALEXIS GARCIA
9 Mason Street
Fall River, MA 02723 USA

JOSE CANO
13 Peck Street
Fall River, MA 02724 USA



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin
Secretary of the Commonwealth

Processed by: QL

QC by: 



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:

June 20, 2025 11:54 AM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of each word being capitalized.

Gregg M. Amore
Secretary of State

