



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$100.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Domestic Limited Partnership  
Certificate of Limited Partnership**

(Section 7-13.1-201 of the General Laws of Rhode Island, 1956, as amended)

**ARTICLE I**

The name of the limited partnership is: ZL1 Partners, LP

**ARTICLE II**

The address of the limited partnership's principal office is:

No. and Street: 1404 ATWOOD AVENUE

City or Town: JOHNSTON

State: RI

Zip: 02919

Country: USA

**ARTICLE III**

The street address (post office boxes are not acceptable) of the initial registered office of the limited partnership is:

No. and Street: 1 TURKS HEAD PLACE

SUITE 1300

City or Town: PROVIDENCE

State: RI

Zip: 02903

The name of its initial registered agent at such address is ROBERT D. WIECK

**ARTICLE IV**

The name and business address of each general partner is:

| <b>Title</b> | <b>Individual Name</b><br>First, Middle, Last, Suffix | <b>Address</b><br>Address, City or Town, State, Zip Code, Country |
|--------------|-------------------------------------------------------|-------------------------------------------------------------------|
| PARTNER      | GULLWING CORPORATION                                  | 1404 ATWOOD AVENUE<br>JOHNSTON, RI 02919                          |

**ARTICLE V**

Any other matters the partners determine to include herein:

**Signed this 1 Day of July, 2025 at 10:43:29 AM by the general partner(s).** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the partnership, and that the facts stated herein are*

*true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-13.1*

By  
Signature(s) of all general partners

JASON A SISTO, PRESIDENT OF GULLWING CORPORATION

Form No. 300  
Revised 12/23

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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:

July 01, 2025 10:38 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*

