



State of Rhode Island
Department of State - Business Services Division

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Certificate of Amendment

Limited Partnership

→ Filing Fee: \$50.00

The undersigned, desiring to amend the Certificate of Limited Partnership under and by virtue of the power conferred by RIGL 7-13.1-201, hereby executes the following Certificate of Amendment to the Certificate of Limited Partnership:

1. Entity ID Number: 83289	2. The name of the partnership is: Gillan Family Limited Partnerhsip
3. If the entity's name is changing, state the new name: <div style="text-align: right;">Check the box to indicate no change <input checked="" type="checkbox"/></div>	
4. The date of filing of the Certificate of Limited Partnership is: 02/27/1995	
5. If there is a change in the general partners complete the following section: *List ALL general partners as of this amendment	
NAME	ADDRESS
Check the box to indicate an attachment <input type="checkbox"/> <div style="text-align: right;">Check the box to indicate no change <input checked="" type="checkbox"/></div>	
6. If adding or amending additional provisions, complete the following section: Electing provision in original partnership documents to extend termination date from 12/31/2025 to 12/31/2045. New termination date is 12/31/2045.	
Check the box to indicate an attachment <input type="checkbox"/> <div style="text-align: right;">Check the box to indicate no change <input type="checkbox"/></div>	

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2815
Phone: (401) 222-3040
Website: www.sos.ri.gov

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7. If there has been a dissociation of a person as a general partner, so state:

NAME	ADDRESS

8. The following person has been appointed to wind up the partnership's activities and affairs in accordance with RIGL 7-13.1-802(c) or (d):

NAME	ADDRESS

9. As required by RIGL 7-13.1, the partnership has paid all fees and taxes.

10. Date when this Certificate of Amendment 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) _____

11. This Certificate of Amendment is signed by at least one general partner and, if applicable, by each other general partner designated herein as a new general partner.

Under penalty of perjury, I/we declare and affirm that I/we have examined this Certificate of Amendment to the Certificate of Limited Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of Limited Partnership

Gillan Family Limited Partnership

Signature of General Partner



Date

06/27/2025

Signature of General Partner

Date

Signature of General Partner

Date

Signature of General Partner

Date

Signature of General Partner

Date

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.



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 07, 2025 03:36 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

