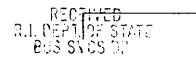
RI SOS Filing Number: 202576670100 Date: 7/7/2025 3:36:00 PM



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



2015 JUL - 7 P. 3, 36

## **Certificate of Amendment**

Limited Partnership

→ Filing Fee: \$50.00

• •	nd the Certificate of Limited Partnership under and by virtue of the <u>101</u> , hereby executes the following Certificate of Amendment to the
1. Entity ID Number:	2. The name of the partnership is:
00000	091 5 134-4-5-44

83289	Gillan Family Limited Partnerhsip	
3. If the entity's name is changin state the new name:	<b>19</b> ,	
		Check the box to indicate no change
4. The date of filing of the Certifi of Limited Partnership is:	cate 02/27/1995	
5. If there is a change in the ger *List ALL general partners as of thi	· · ·	Howing section:
NAME	ADDRESS	
Check the box to indicate an att	achment	Check the box to indicate no change
6. If adding or amending additio		
Electing provision in origin 12/31/2045. New terminal	al partnership document ion date is 12/31/2045.	s to extend termination date from 12/31/2025 to
Check the box to indicate an att	achment	Check the box to indicate no change

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

07 2025 STAMP

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	iation of a person as a general partner, so state:	
NAME	ADDRESS	- THE
:		
	·	
8. The following person has 7-13.1-802(c) or (d):	been appointed to wind up the partnership's activ	rities and affairs in accordance with RIGL
NAME	ADDRESS	
Q. As required by DICL 7.4:	3.1, the partnership has paid all fees and taxes.	
<del></del>		nav attiv
10. Date when this Centinca	te of Amendment will be effective: CHECK ONE	BOX ONLY
Date received (Upon t	ling)	
	•	
Later effective date (D	ate must be no more than 90 days from the date	of filing)
11. This Certificate of Amen partner designated herein a	dment is signed by at least one general partner at s a new general partner.	nd, if applicable, by each other general
Under penalty of periury, I/v	re declare and affirm that I/we have examined this	Certificate of Amendment to the Certificate
	ding any accompanying attachments, and that all	
Type or Print Name of Limited	Partnership	
Gillan Family Limited F	artnership	
Signature of General Partner		Date
Klin	1 1. A.	- 06/27/2025
Signature of General Partner		Date
Signature of General Partner		Date
Signature of General Partner		Date
Signature of General Partner		Date
ogladica di Gariarai Palitiat		) 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.rl.gov.

RI SOS Filing Number: 202576670100 Date: 7/7/2025 3:36:00 PM



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

Gregg M. Amore Secretary of State

Tregs M. Coure

