



State of Rhode Island
Department of State - Business Services Division

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Statement of Qualification of Limited Liability Partnership

DOMESTIC Limited Liability Partnership

→ Filing Fee: \$150.00

The undersigned, desiring to form, a new limited liability partnership under and by virtue of the powers conferred by RIGL 7-12.1-901, do execute the following Statement of Qualification of Limited Liability Partnership:

1. The name of the limited liability partnership is:

Wampanoag Properties, LLP

2. The address of the principal office is:

Street Address

183 Westcott Rd.

City/Town

N. Scituate

State

RI

Zip Code

02857

3. The name and address of the initial registered agent/office in Rhode Island is:

Agent Name

Katie Werchadlo

Street Address (NOT a P.O. Box)

183 Westcott Rd.

City/Town

N. Scituate

State

RHODE ISLAND

Zip Code

02857

4. The name and address of each partner is (*This is optional.*):

NAME

ADDRESS

Check this box to indicate an attachment ☐

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

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BY RNDT

5. By filing this statement, the partnership elects to become a limited liability partnership.	
6. The partnership has the purpose of engaging in any lawful business, and shall have perpetual existence until cancelled or terminated in accordance with RIGL <u>7-12.1</u> .	
7. Date when this Statement of Qualification 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) _____	
8. This application has been executed by a majority in interest of the partners or by one (1) or more partners authorized to execute an application.	
<i>Under penalty of perjury, I/we declare and affirm that I/we have examined this Statement of Qualification of Limited Liability Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.</i>	
Type or Print Name of Authorized Person Katie Werchadlo	Date 7/11/25
Signature of Authorized Person 	

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 25, 2025 04:10 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore
Secretary of State

