



**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: Standard Hoyle Square Commons Venture LP

**ARTICLE II**

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

No. and Street: 31899 DEL OBISPO ST

STE 150

City or Town: SAN JUAN CAPISTRANO

State: CA

Zip: 92675

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: 222 JEFFERSON BLVD

SUITE 200

City or Town: WARWICK

State: RI

Zip: 02888

The name of its initial registered agent at such address is REGISTERED AGENT SOLUTIONS, INC.

**ARTICLE IV**

The name and business address of each general partner is:

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PARTNER	STANDARD HOYLE SQUARE COMMONS MANAGER LLC	31899 DEL OBISPO ST STE 150 SAN JUAN CAPISTRANO, CA 92675 USA

**ARTICLE V**

Any other matters the partners determine to include herein:

**Signed this 8 Day of September, 2025 at 10:30:04 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

BRADLEY C. MARTINSON, AUTHORIZED REPRESENTATIVE OF STANDARD HOYLE SQUARE  
COMMONS MANAGER LLC

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:

September 08, 2025 10:27 AM

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

Gregg M. Amore  
*Secretary of State*

