State of Rhode Island
Department of State - Business Services Division

Certificate of Limited Liability Limited Partnership

DOMESTIC Limited Liability Limited Partnership

→ Filing Fee: $100.00

The undersigned, desiring to form a limited liability limited partnership under and by virtue of the powers conferred by RIGL 7-13.1-201, do execute the following Certificate of Limited Liability Limited Partnership:

1. The name of the limited liability limited partnership is:

SK North Electric Limited Liability Limited Partnership

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

Address			
	36 Captain John Jacobs Rd, Unit 305		
City/Town	East Providence	State RI	Zip Code 02914

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

Agent Name			
	Kelley Radtke		
Street Address (NOT a P.O. Box)	36 Captain John Jacobs Rd, Ap 305		
City/Town	East Providence	State **RHODE ISLAND**	Zip Code 02914

4. The name and business address of each general partner is:

GENERAL PARTNER	BUSINESS ADDRESS
Kelley Radtke	36 Captain John Jacobs Rd, Unit 305, East Providence RI 029
Steven M Pine	36 Captain John Jacobs Rd, Unit 305, East Providence RI 029

8:57 AM FILED KM
SEP 16 2025
BY 1347711

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

5. Any other matters the partners determine to include herein:

Check the box to indicate an attachment ☐

6. The Partnership has the purpose of engaging in any lawful business, and shall have perpetual existence until dissolved or terminated in accordance with R.I.G.L. 7-13.1.

7. Date when this Certificate of Limited Liability Limited Partnership 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) _____

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

Type or Print Name of General Partner	Date
Kelley J Radtke	9-17-2025

Signature of General Partner

Type or Print Name of General Partner	Date
Steven M Pine	9-17-2025

Signature of General Partner

Type or Print Name of General Partner	Date

Signature of General Partner

State of Rhode Island
Department of State - Business Services Division

Filer Contact Information

In the event our office needs more information in order to complete the filing of this document, we ask for the filer's contact information. **All fields are REQUIRED.**

Name:		Date:
Kelsey Radtke		9.17.25
Proposed Entity Name: SK North Electric Limited Liability Company ~~Corporation~~		
Street Address: 36 Captain John Jacob Rd Unit 305		
City: E. Providence	State: RI	Zip Code: 02914
Email Address: SKNorthelectric@gmail.com		Phone Number: 401.741.5077

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 16, 2025 08:57 AM

Gregg M. Amore
Secretary of State