



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	

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

8:57 AM FILED KM
SEP 16 2025
BY 1347711

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.

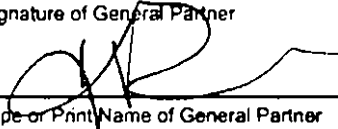
Type or Print Name of General Partner

Kelley J Radtke

Date

9-17-2025

Signature of General Partner



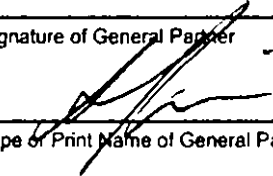
Type or Print Name of General Partner

Steven M Pine

Date

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: <u>Kelsey Raultice</u>		Date: <u>9-17-25</u>
Proposed Entity Name: <u>SK North Electric Limited Liability Company</u>		
Street Address: <u>36 Captain John Jacob Rd Unit 305</u>		
City: <u>E. Providence</u>	State: <u>RI</u>	Zip Code: <u>02914</u>
Email Address: <u>SKNorthElectric@gmail.com</u>		Phone Number: <u>401.746.5077</u>



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

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

