ID Number: 000 482707

Filing Fee: \$100.00 For Each Partner Not to Exceed \$2,500.00



# STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 148 W. River Street

Providence, Rhode

Island 02904-2615

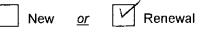
JUL 07 2009

#### LIMITED LIABILITY PARTNERSHIP

### APPLICATION FOR REGISTERED LIMITED LIABILITY PARTNERSHIP

Pursuant to the provisions of Section 7-12-56 of the General Laws of Rhode Island, 1956, as amended, the undersigned partnership hereby applies to become or continue as a Registered Limited Liability Partnership in the state of Rhode Island and for that purpose submits the following statement:

(Check one box only)



1. The name of the Registered Limited Liability Partnership is:

Dream Weavers Business Development & Consulting 44P, (The name must include the words "registered limited liability partnership" or the abbreviation "L.L.P." or "LLP" as the last words or letters of its name.)

2. The address of its principal office is:

Ophelia Street Providence RI 02909

- 3. If the partnership's principal office is not located in this state, the address of a registered office and to maintain:
- 4. The names and addresses of all resident partners:

Name	Residence Address	62
Elsie Monnisin	5 Ophilia St Priv. RI UB909	
KATHRYN I. MORNISON I	21 Ophelia Strut Pur. RI 03900	<u>s</u>
	FILED	

(If more space is required, please list on separate attachment)

5. List the place where the business records of the partnership are maintained; or, if more than one location for business records is maintained, list the principal place of business of the partnership:

5 Opholia Street Providence RZ 02909

6. A brief statement of the business in which the partnership is engaged:

Seveloping Business that enhance the lives 01 members and stimulate economic prowth. Reorganise Structures and systems to operate. business ellecturely.

7. 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.

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

Date: July 7, 9009

Print Exact Name of Partnership Making Application

By: 6ci By: By: By:

State of Rhode Island and Providence Plantations



A. Ralph Mollis Secretary of State

# STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

## I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island

and Providence Plantations, 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:

A. ' apr loceio

A. RALPH MOLLIS Secretary of State

