



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Division Of Business Services
 148 W. River Street
 Providence RI 02904-2615
 (401) 222-3040

Fee: \$100.00

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Limited Partnership Certificate of Limited Partnership ? Help with this form
 (Section 7-13-8 of the General Laws of Rhode Island, 1956, as amended)

ARTICLE I

The name of the limited partnership shall be: Ashton Village L.P.

ARTICLE II

The address of the specified office in this state where the records of the limited partnership shall be kept is:

No. and Street: 573 MENDON RD.

City or Town: CUMBERLAND State: RI Zip: 02864 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: ONE PARK ROW
SUITE 300

City or Town: PROVIDENCE State: RI Zip: 02903

The name of its initial registered agent at such address is DREW KAPLAN

ARTICLE IV

The name and business address of each general partner is:

Delete	Name	Address
		Address, City or Town, State, Zip Code, Country
<input type="checkbox"/>	ASHTON VILLAGE DEVELOPMENT CORP.	573 MENDON RD. CUMBERLAND, RI 02864 USA

First Name: _____ Middle Name: _____ Last Name: _____ Suffix: _____
 Address: _____ City: _____ State: _____ Zip: _____ Country: _____

FILED

ARTICLE V

The mailing address for the limited partnership is: **DEC 31 2013**

BY [Signature] 12:59 PM
[Signature]

No. and Street: 573 MENDON RD.

City or Town: CUMBERLAND State: RI Zip: 02864 Country: USA

ARTICLE VI

Any other matters the partners determine to include herein:

Filer's Contact Information

(Enter a contact name, mailing address and email.)

Contact Name: DREW KAPLAN

Business Name: CHACE RUTTENBERG & FRE

No. and Street: ONE PARK ROW Suite 300 - Same Address as -

City or Town: Providence State: RI Zip: 02903 Country: USA

Contact Phone: (401) 453-6400 ext: 126

Contact Email: LDRACH@CRFLLP.COM Clear

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

Signed this 31 Day of December, 2013 at 12:59:40 PM 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.

By Drew Kaplan, Ashton Village Development Corp. Signature(s) of all general partners named herein

By selecting ACCEPT you hereby acknowledge that this electronic document is submitted in compliance with R.I. Gen. Laws § 7-13. You hereby agree that any legal issues or causes of action arising from the submission of this
Accept Decline

Click HERE to Submit This Information



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 handwritten signature in black ink that reads "A. Ralph Mollis".

A. RALPH MOLLIS

Secretary of State

