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 R.I. DEPT. OF BUS. SVCS. DIV.
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Registration of Limited Liability Partnership
 DOMESTIC Limited Liability Partnership

→ Filing Fee: \$150.00

The undersigned, desiring to form, a new limited liability partnership under and by virtue of the powers conferred by RIGL 7-12-56, do execute the following Registration of Limited Liability Partnership:

1. The name of the limited liability partnership is: <i>CBM ASSISTANCE GROUP LLP</i>		
2. The address of the principal office is:		
Street Address <i>69 MONTGOMERY ST.</i>		
City/Town <i>PAWTUCKET</i>	State <i>R.I.</i>	Zip Code <i>02860</i>
3. If the partnership's principal office is not located in Rhode Island, the name and address of the initial registered agent/ office in Rhode Island is:		
Agent Name		
Street Address (NOT a P.O. Box)		
City/Town	State RHODE ISLAND	Zip Code
4. The name and address of all resident partners is:		
NAME	ADDRESS	
<i>CHARLES A. CASH JR.</i>	<i>275 GROTTO AVE. #30 PAWTUCKET, R.I. 02860</i>	
<i>BRIAN FELAG</i>	<i>15 OAK BLUFF DR. ATTLEBORO, MA. 02703</i>	
<i>MICHAEL A. CASH</i>	<i>34 NEW ST. MAPLEVILLE, R.I. 02839</i>	
Check the box to indicate an attachment. <input type="checkbox"/>		

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

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BY *[Signature]* 291824

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:		
Street Address <i>69 MONTGOMERY ST.</i>		
City/Town <i>PAWTUCKET</i>	State <i>R. I.</i>	Zip Code <i>02860</i>
6. A brief statement of the business in which the partnership is engaged: <i>EVENT PLANNING AND CONSULTING</i>		
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.		
<i>Under penalty of perjury, I/we declare and affirm that I/we have examined this Certificate of Limited Liability Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.</i>		
Type or Print Name of Partner <i>CHARLES A. CASH JR.</i>	Date <i>12/22/16</i>	
Signature of Resident Partner <i>Charles A. Cash Jr.</i> SIGN DOCUMENT HERE		
Type or Print Name of Partner <i>BRIAN FELAG</i>	Date <i>12/22/16</i>	
Signature of Resident Partner <i>Brian Felag</i> SIGN DOCUMENT HERE		
Type or Print Name of Partner <i>MICHAEL A. CASH</i>	Date <i>12/22/16</i>	
Signature of Resident Partner <i>Michael A. Cash</i> SIGN DOCUMENT HERE		

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, 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 blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea
Secretary of State

