



State of Rhode Island and Providence Plantations
Department of State - Business Services Division
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2017 OCT 30 AM 11:43

Registration of Limited Liability Partnership
Limited Liability Partnership
 Filing Fee: \$100.00 for EACH Partner
 (not to exceed \$2500.00)

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 shall be:		
McKenna Fortana Design, LLP		
2. The address of the principal office is:		
Street Address 386 Parkside Drive		
City/Town Warwick	State RI	Zip Code 02888
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	
Elaine McKenna-Yeaw	386 Parkside Drive, Warwick, RI 02888	
Susan McKenna-LaMontagne	286 Hunting House Road, Situate, RI 02857	
Leslie Fontana	257 Benefit Street #3, Providence, RI 02903	
Check the box to indicate an attachment. <input type="checkbox"/>		

FILED
 OCT 30 2017
 BY 316232
 A.A. 11:43 A.M.

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 386 Parkside Drive		
City/Town Warwick	State RI	Zip Code 02888

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

Offers design services to corporations, businesses, and individuals.

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 Certificate of Limited Liability Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.

Signature of Resident Partner <i>Elaine McKenna-Yeaw</i> SIGN DOCUMENT HERE	Type or Print Name of Partner Elaine McKenna - Yeaw	Date 10/23/17
Signature of Resident Partner <i>Susan McKenna-Labontey</i> SIGN DOCUMENT HERE	Type or Print Name of Partner SUSAN MCKENNA-LABONTEY	Date 10/23/2017
Signature of Resident Partner <i>Leslie B. Fontana</i> SIGN DOCUMENT HERE	Type or Print Name of Partner LESLIE B. FONTANA	Date 10/23/2017

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:

October 30, 2017 11:43 AM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea
Secretary of State

