RI SOS Filing Number: 201881446310 Date: 11/16/2018 11:00:00 AM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Renewal of Registration of Limited Liability Partnership

DOMESTIC Limited Liability Partnership

→ Filing Fee: \$50.00

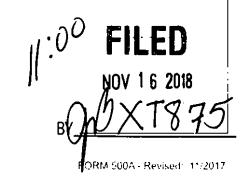
The undersigned, desiring to rene conferred by RIGL <u>7-12-56</u> , do ex		•	•	
1. Entity ID Number: 2.	2. The name of the partnership is:			
001679220	the Natale	· Family LLI	P	
3. The address of the principal o		, , , , , , , , , , , , , , , , , , ,		
Street Address 36 M	atk Drive			
City/Town / KCO	N	State R. I.	Zip Code 2865	
4. 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 (<u>NOT</u> a P.O. Box)	•		
City/Town		State RHODE ISLAND	Zip Code	
5. The name and address of all r	esident partners is:			
NAME ADDRESS				
Lawrence A. N.	atale 36 M	at K Drive Linco	oh RI. 02865	
Anthony D. Natale 64 Observatory Ave, No Prov. RI 02911				
Michael J. N.		/	cefield, RI. 02879	
		,		
Check this box to indicate an attachment				

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos ri gov



6. List the place where the business records of the partnershi	p are maintained; or, if more the	an one location for business		
records is maintained, list the principal place of business of the	e parmership:			
Street Address				
36 Mark Drive	·			
City/Toyen	State	Zip Code 02865		
Lincoln	RL	02865		
7. A brief statement of the business in which the partnership i	s engaged in:			
A real extote.				
Ownership + Management of real estate.				
8. This application has been executed by a majority in interes	t of the partners or by one (1) c	or more partners authorized to		
execute an application.	t of the partiters of by one (1) o	more partiers authorized to		
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.				
Type or Print Name of Partner	- 	Date		
.		1 /		
Lawrence A Natala		11/13/12		
Signature of Resident Parner Jaureure anafigiboou		7111710		
Alcybronia	MENT UEDE			
davene mifete	141 F 1 4 1 1 F 1 7 F			
Type or Print Name of Partner		Date		
<i>,,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, and		
	i			
Signature of Resident Partner				
SIGN DOCU	MENT HERE			
CHOIN BOOK	AICIA: FICINE			
Type or Print Name of Partner	To	Date		
Signature of Resident Partner		-		
SIGN DOCU	MENT HERE			

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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:

November 16, 2018 11:00 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

