



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

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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: <b>Chase Hanks Investments, LLP</b>		
2. The address of the principal office is:		
Street Address <b>86 Therien Road</b>		
City/Town <b>Portsmouth</b>	State <b>RI</b>	Zip Code <b>02871</b>
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 <b>RHODE ISLAND</b>	Zip Code
4. The name and address of all resident partners is:		
NAME	ADDRESS	
<b>John D. Hanks, Jr.</b>	<b>86 Therien Road, Portsmouth, RI 02871</b>	
<b>John W. Hanks</b>	<b>86 Therien Road, Portsmouth, RI 02871</b>	
<b>Tiffany A. Hanks</b>	<b>2418 East Main Road, Portsmouth, RI 02871</b>	
<b>Kelly S. Hanks</b>	<b>18 Chase Terrace, Portsmouth, RI 02871</b>	
Check this box to indicate an attachment <input checked="" type="checkbox"/>		

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**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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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  
**86 Therien Road**

City/Town <b>Portsmouth</b>	State <b>RI</b>	Zip Code <b>02871</b>
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6. A brief statement of the business in which the partnership is engaged in:

**The purpose of the partnership is to acquire, own, manage, trade and sell real property, tangible personal property and intangible personal property, and to hold such property for investment, to develop, lease, acquire, trade or sell mineral interests of whatever kind or nature, and to do all acts incidental to such purposes and ownership and all other acts now or hereafter permitted by law.**

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.*

Type or Print Name of Partner <b>John D. Hanks, Jr (Authorized Partner)</b>	Date <b>9/7/2019</b>
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Signature of Resident Partner 	SIGN DOCUMENT HERE
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Type or Print Name of Partner	Date
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Signature of Resident Partner	SIGN DOCUMENT HERE
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Type or Print Name of Partner	Date
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Signature of Resident Partner	SIGN DOCUMENT HERE
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Registration of Limited Liability Partnership

For Chase Hanks Investments, LLP

Attachment to Box 4

Additional Resident Partners:

Name	Address
Jane A. Hanks	86 Therien Road, Portsmouth, RI 02871



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:

September 16, 2019 01:41 PM

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*

