



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

STATE
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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>H & B Drywall Construction LLP</i>		
2. The address of the principal office is:		
Street Address <i>54 Valley St</i>		
City/Town <i>Central Falls</i>	State <i>RI</i>	Zip Code <i>02863</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 <i>Felipe Hernandez</i>		
Street Address (NOT a P.O. Box) <i>41 Bellevue Dr</i>		
City/Town <i>Cranston</i>	State RHODE ISLAND	Zip Code <i>02920</i>
4. The name and address of all resident partners is:		
NAME	ADDRESS	
<i>ORESTES Hernandez</i>	<i>54 Valley St. Central Falls, RI 02863</i>	
<i>OSCAR Benitez</i>	<i>54 Valley St. Central Falls, RI 02863</i>	
Check this box to indicate an attachment <input type="checkbox"/>		

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 BUSINESS DIV
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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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 BY *SQA EW*
A.A. 1:05 P.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

54 Valley St

City/Town

Central Falls

State

RT

Zip Code

02863

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

Drywall and Construction

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.

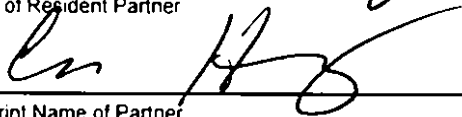
Type or Print Name of Partner

Orestes Hernandez

Date

10/10/2019

Signature of Resident Partner



SIGN DOCUMENT HERE

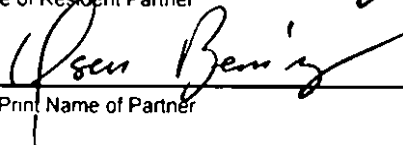
Type or Print Name of Partner

OSCAR Benitez

Date

10/10/2019

Signature of Resident Partner



SIGN DOCUMENT HERE

Type or Print Name of Partner

Date

Signature of Resident Partner

SIGN DOCUMENT HERE



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 10, 2019 01:05 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

