



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

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 CORPORATIONS DIV
 2019 OCT 23 AM 11:27

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:		
AMERICAN ENERGY LLP		
2. The address of the principal office is:		
Street Address 1556 BRONCO HWY		
City/Town HARRISVILLE	State RI	Zip Code 02830
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	
ADAM H. HESSLER	1556 BRONCO HWY ,HARRISVILLE RI 02830	
MARK FITZPATRICK	34 ORCHARD RD. WOONSOCKET RI 02895	
Check this 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

FILED ✓
OCT 23 2019 11:27
 BY *CR 691/4C*

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 **1556 BRONCO HWY**

City/Town **HARRISVILLE**

State **02830**

Zip Code

6. A brief statement of the business in which the partnership is engaged in.
RESIDENTIAL SOLOR PANEL INSTALLATION CONTRACTOR

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

ADAM H. HESSLER

Date

10 22 2019

Signature of Resident Partner



ADAM H. HESSLER

Type or Print Name of Partner

Date

Signature of Resident Partner

ADAM H. HESSLER

Type or Print Name of Partner

Date

Signature of Resident Partner

ADAM H. HESSLER



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 23, 2019 11:27 AM

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

