



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

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV

2019 NOV 14 PM 12:18

Renewal of Registration of Limited Liability Partnership
 DOMESTIC Limited Liability Partnership

→ Filing Fee: \$50.00

The undersigned, desiring to renew, a 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. Entity ID Number: 001679220		2. The name of the partnership is: The Natale Family LLP	
3. The address of the principal office is:			
Street Address 36 Mark Drive			
City/Town Lincoln	State R.I.	Zip Code 02865	
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 (NOT a P.O. Box)			
City/Town	State RHODE ISLAND	Zip Code	
5. The name and address of all resident partners is:			
NAME		ADDRESS	
Lawrence A. Natale		36 Mark Drive Lincoln R.I. 02865	
Anthony D. Natale		64 Observatory Ave No Prov. R.I. 02911	
Michael J. Natale		169 King's Ridge Rd, Wakefield RI. 02879	
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 STAMP
 NOV 14 2019
 BY **A F4ZA**
A.A. 12:18pm
FORM 500A - Revised 11/2017

6. 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 36 Mark Drive		
City/Town Lincoln	State R.I.	Zip Code 02865
7. A brief statement of the business in which the partnership is engaged in: Ownership + Management of Real Estate		
8. 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 Lawrence A. Natale	Date 11/12/19	
Signature of Resident Partner <i>Lawrence Natale</i> SIGN DOCUMENT HERE		
Type or Print Name of Partner	Date	
Signature of Resident Partner SIGN DOCUMENT HERE		
Type or Print Name of Partner	Date	
Signature of Resident Partner SIGN DOCUMENT HERE		

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:

November 14, 2019 12:18 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

