



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

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2019 NOV 27 AM 10:19

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:		
Knight Life Security LLP		
2. The address of the principal office is:		
Street Address 124 Perry St		
City/Town Central Falls	State RI	Zip Code 02863
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 Carlos Then		
Street Address (NOT a P.O. Box) 124 Perry Street		
City/Town Central Falls	State RHODE ISLAND	Zip Code 02863
4. The name and address of all resident partners is:		
NAME	ADDRESS	
Carlos Ariel Then	124 Perry St. Central Falls, RI 02863	
Bienvenido A. Peraltamartinez	124 Perry St. Central Falls, RI 02863	
Peraltamartinez		
Peraltamartinez		
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

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BY M4ZBI
 A.A. 10:19 A.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

124 Perry St

City/Town

Central Falls

State

Rt

Zip Code

02863

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

Security w

Personal and event

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

Bienvenido A. Peralta Martinez

Date

11/25/2019

Signature of Resident Partner



SIGN DOCUMENT HERE

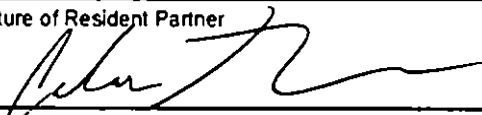
Type or Print Name of Partner

CARLOS ARIEL THEN

Date

11/25/19

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:

November 27, 2019 10:19 AM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea
Secretary of State

