



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>Old Depot Square, LLP</b>		
2. The address of the principal office is:		
Street Address 6500 Post Road		
City/Town North Kingstown	State RI	Zip Code 02852
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 James A. Kupa, Esq.		
Street Address (NOT a P.O. Box) 6500 Post Road		
City/Town North Kingstown	State <b>RHODE ISLAND</b>	Zip Code 02852
4. The name and address of all resident partners is:		
NAME	ADDRESS	
Clifton H. Woodmansee	144 Woody Hill Road, Hope Valley, RI 02832	
Francis Gilman	229 Arcadia Road, Hope Valley RI 02832	
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

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 BY *Ch 3594/S*

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 144 Woody Hill Road		
City/Town Hope Valley	State RI	Zip Code 02832

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

LLP set up to hold, manage, maintain, sell and purchase real property in the state of Rhode Island and for all other legal purposes

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 Clifton H. Woodmansee	Date 6/3/2020
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Signature of Resident Partner <i>Clifton H. Woodmansee</i>	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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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:

June 11, 2020 02:17 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*

