

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 50 Grace Ave		
City/Town Warwick	State RI	Zip Code 02889

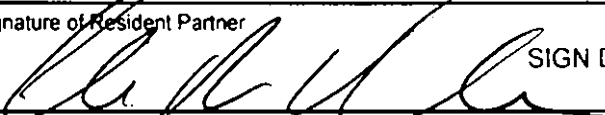
6. A brief statement of the business in which the partnership is engaged in:

Residential remodeling and construction

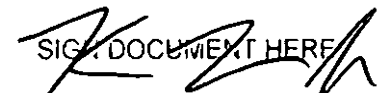
7. This application has been executed by a majority in interest of the partners or by one (1) or more partners authorized to execute an application.

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 Christopher Wrench	Date 8/19/2020
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Signature of Resident Partner  SIGN DOCUMENT HERE
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Type or Print Name of Partner Kevin Tierney Jr	Date 8/19/2020
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Signature of Resident Partner  SIGN DOCUMENT HERE

Type or Print Name of Partner	Date
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Signature of Resident Partner SIGN DOCUMENT HERE



State of Rhode Island
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,
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:

August 21, 2020 12:13 PM

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

Nellie M. Gorbea
Secretary of State

