RI SOS Filing Number: 202048927350 Date: 8/21/2020 12:13:00 PM



## **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:

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conferred by RIGL <u>7-12-56,</u> do exe		ation of Limited Liability Partite	ersnip.		
1. The name of the limited liability	partnership is:				
TruSquare Building	and Remodelin	na. 1 1 P			
Traoquare Bananing	and remodem				
2. The address of the principal off	ice is:				
Street Address 50 Grace Ave					
City/Town <b>Warwick</b>		State RI	Zip Code 02889		
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 Christopher Wrench					
Street Address (NOT a P.O. Box) 50 Grace Ave					
City/Town <b>Warwick</b>	· <del></del>	State RHODE ISLAND	Zip Code 02889		
4. The name and address of all re	sident partners is:				
NAME	ADDRESS				
Christopher Wrench	50 Grace Ave	50 Grace Ave, Warwick, RI 02889			
Kevin Tierney Jr	204 George A	204 George Arden Ave, Warwick, RI 02886			
		<del></del>			
Check this box to indicate an attachment					

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

**Phone:** (401) 222-3040 **Website:** www.sos.ri.gov

FORM 500 - Revised: 02/2018

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

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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

Nellie M. Gorbea Secretary of State

Tulli U. Horler

