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State of Rhode Island
Department of State - Business Services Division

2020 SEP -3 AM 9:20

Registration of Limited Liability Partnership

DOMESTIC Limited Liability Partnership

→ Filing Fee: \$150.00

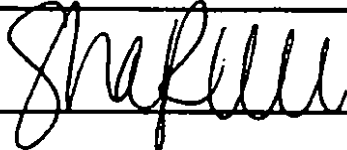
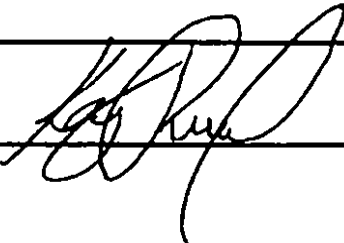

The undersigned, desiring to form a new limited liability partnership under and by virtue of the powers conferred by RIGL 7-12.59, do execute the following Registration of Limited Liability Partnership:

1. The name of the limited liability partnership is: KSK Builders LLP		
2. The address of the principal office is:		
Street Address 531 Victory Hwy		
City/Town Mapleville	State RI	Zip Code 02839
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		
Street Address (NOT a P.O. Box)		
City/Town	State RHODE ISLAND	Zip Code
4. The name and address of all resident partners is:		
NAME	ADDRESS	
Kayla Richard	531 Victory Hwy Mapleville, RI 02839	
Kyle Logan	261 Barnes Road Harrisville, RI 02830	
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 8WCE5

H.A. 9.20 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 531 Victory Hwy		
City/Town Mapleville	State RI	Zip Code 02839
6. A brief statement of the business in which the partnership is engaged in: Real estate renovations and sale.		
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.		
<i>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.</i>		
Type or Print Name of Partner Shanna Richard	Date 09/03/2020	
Signature of Resident Partner 		
Type or Print Name of Partner Kayla Richard	Date 09/03/2020	
Signature of Resident Partner 		
Type or Print Name of Partner Kyle Logan	Date 09/03/2020	
Signature of Resident Partner 		



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:

September 03, 2020 09:20 AM

A handwritten signature in blue ink that reads "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea
Secretary of State

