



State of Rhode Island
Department of State - Business Services Division

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Registration of Limited Liability Partnership

DOMESTIC Limited Liability Partnership

2020 SEP -4 PM 2:48

→ 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: Green Act LLP		
2. The address of the principal office is:		
Street Address 400 South County Trail Suite 203		
City/Town Exeter	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		
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	
Matthew L. Vollucci, Jr.	46 Hamilton Allenton Road, North Kingstown, RI 02852	
David J. Vollucci	13 North Pearson Drive, Warwick, RI 02888	
Check this box to indicate an attachment <input type="checkbox"/>		

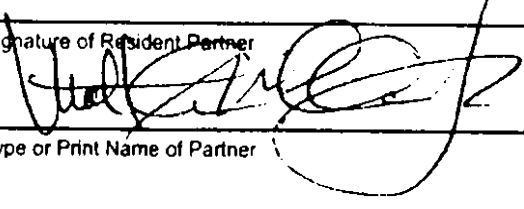
MAIL TO:

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 JDMOS
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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 400 South County Trail Suite 203		
City/Town Exeter	State RI	Zip Code 02822
6. A brief statement of the business in which the partnership is engaged in: Real Estate Investment		
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 Matthew L. Vollucci, Jr.	Date 9/4/2020	
Signature of Resident Partner 		
Type or Print Name of Partner	Date	
Signature of Resident Partner		
Type or Print Name of Partner	Date	
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 04, 2020 02:48 PM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

