



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 RI DEPT. OF STATE
 BUS SVCS DIV
 2020 OCT 19 AM 10:05

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:		
Fontána LLP		
2. The address of the principal office is:		
Street Address		
89 Old Fort Rd		
City/Town	State	Zip Code
Newport	RI	02840
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	Zip Code
	RHODE ISLAND	
4. The name and address of all resident partners is:		
NAME	ADDRESS	
Jean Song	89 Old Fort Rd, Newport, RI 02840	
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

10:05

FILED

OCT 19 2020

BY *[Signature]* ZMØ69

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

89 Old Fort Rd

City/Town

Newport

State

RI

Zip Code

02840

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

Beverage manufacturing

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
Jean Song	10/14/2020

Signature of Resident Partner	SIGN DOCUMENT HERE
	

Type or Print Name of Partner	Date

Signature of Resident Partner	SIGN DOCUMENT HERE

Type or Print Name of Partner	Date

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:

October 19, 2020 10:05 AM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

