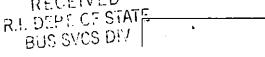
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## Renewal of Registration of Limited Liability Partnership

**DOMESTIC Limited Liability Partnership** 

→ Filing Fee: \$50.00

 $\mathbf{S}^{(i)} = \frac{i}{\lambda}$ 

The undersigned, desiring to renew, a limited liability partnership under and by virtue of the powers conferred by RIGL <u>7-12-56</u> , do execute the following Registration of Limited Liability Partnership:				
	2. The name of the partnership is:			
001679220	The Natal	e Fanily Ll	-P	
3. The address of the principal office is:				
Street Address 36 Mark Drive				
City/Town Lincoln		Rtate 7.	Zip Code 02865	
4. 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	
5. The name and address of all resident partners is:				
NAME	ADDRESS	ADDRESS		
Lawrence A.	Natale 36 Ma	rk Drive Line	coln RI 01865	
Anthony D. Natale 64 Observatory Ave, No Prov. RI. 02911				
Michael J. Natale 169 King's Ridge KJ, Walcotiold RI. 02879				
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

FILED:

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6. 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 36 Mark Drive				
City/Town Likedn State R. I.	Zip Code 02865			
7. A brief statement of the business in which the partnership is engaged in:  Ownership + Management of Real Estate.				
8. 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  Lawrence A. Natale	Date ///1/20			
Signature of Resident Partner  Tourence Chafale_				
Type or Print Name of Partner	Date			
Signature of Resident Partner				
Type or Print Name of Partner	Date			
Signature of Resident Partner				

RI SOS Filing Number: 202075977520 Date: 11/17/2020 2:51:00 PM



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:

November 17, 2020 02:51 PM

Nellie M. Gorbea Secretary of State

Tulli U. Horler

