



**State of Rhode Island
Office of the Secretary of State**

Fee: \$100.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Partnership
Certificate of Limited Partnership**

(Section 7-13-8 of the General Laws of Rhode Island, 1956, as amended)

ARTICLE I

The name of the limited partnership shall be: Gayas Cradle LP

ARTICLE II

The address of the specified office in this state where the records of the limited partnership shall be kept is:

No. and Street: 299 CARPENTER ST
UNIT 409
City or Town: PROVIDENCE State: RI Zip: 02909 Country: USA

ARTICLE III

The street address (post office boxes are not acceptable) of the initial registered office of the limited partnership is:

No. and Street: 299 CARPENTER ST
UNIT 409
City or Town: PROVIDENCE State: RI Zip: 02909

The name of its initial registered agent at such address is GAYANE BADALYAN

ARTICLE IV

The name and business address of each general partner is:

| Title | Individual Name First, Middle, Last, Suffix | Address Address, City or Town, State, Zip Code, Country |
|---------|--|--|
| PARTNER | GAYANE BADALYAN | 299 CARPENTER ST UNIT 409 PROVIDENCE, RI 02909 USA |
| PARTNER | WARRICK MONAHAN | 283 PULASKI ST COVENTRY, RI 02816 USA |

ARTICLE V

The mailing address for the limited partnership is:

No. and Street: 299 CARPENTER ST
UNIT 409
City or Town: PROVIDENCE State: RI Zip: 02909 Country: USA

ARTICLE VI

Any other matters the partners determine to include herein:

Signed this 22 Day of December, 2020 at 4:36:28 PM by the general partner(s). *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the partnership, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-13.*

By

GAYANE BADALYAN
WARRICK MONAHAN

Signature(s) of all general partners named herein

Form No. 300
Revised 09/07

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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:

December 22, 2020 04:35 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea
Secretary of State

