



State of Rhode Island  
**Department of State - Business Services Division**

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2021 APR -5 PM 2:18

**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 7-12-55, do execute the following Registration of Limited Liability Partnership:

1. The name of the limited liability partnership is:		
<b>LOBO &amp; ANTUNES LLP</b>		
2. The address of the principal office is:		
Street Address 360 2ND. STREET		
City/Town FALL RIVER	State MA	Zip Code 02721
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 LAMBROS LAW OFFICE LLC.		
Street Address (NOT a P.O. Box) 100 MIDWAY RD.		
City/Town CRANSTON	State RHODE ISLAND	Zip Code 02920
4. The name and address of all resident partners is:		
NAME	ADDRESS	
PEDRO FERNANDES	360 2ND STREET, FALL RIVER, MA 02721	
FRANKLIN A. FERNANDES	17 PECKHAM STREET, FALL RIVER, MA 02724	
Check this box to indicate an attachment <input type="checkbox"/>		

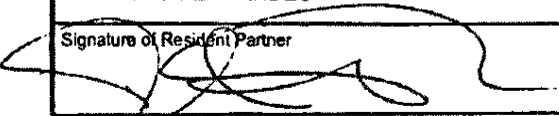
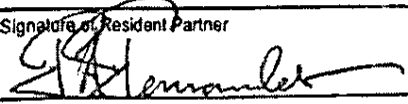
**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

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BY AS8YFG

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 360 2nd St		
City/Town Fall River	State MA	Zip Code 02721
6. A brief statement of the business in which the partnership is engaged in: REAL ESTATE HOLDING COMPANY		
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 PEDRO M. FERNANDES	Date 3-29-2021	
Signature of Resident Partner 		
Type or Print Name of Partner FRANKLIN A. FERNANDES	Date 3-29-2021	
Signature of Resident Partner 		
Type or Print Name of Partner N/A	Date	
Signature of Resident Partner		

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email [corporations@sos.ri.gov](mailto:corporations@sos.ri.gov).

FORM 500 - Revised: 08/2020



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:

April 05, 2021 02:18 PM

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

Nellie M. Gorbea  
*Secretary of State*

