



State of Rhode Island
Department of State - Business Services Division

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 2021 APR 12 10 25

Registration of Limited Liability Partnership

DOMESTIC Limited Liability Partnership

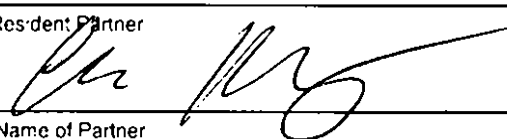
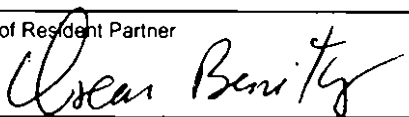
→ Filing Fee: \$150.00

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: H & B DRYWALL CONSTRUCTION LLP		
2. The address of the principal office is:		
Street Address 54 VALLEY STREET		
City/Town CENTRAL FALLS	State RHODE ISLAND	Zip Code 02863
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 FELIPE HERNANDEZ		
Street Address (NOT a P.O. Box) 41 BELLEVUE DR		
City/Town CRANSTON	State RHODE ISLAND	Zip Code 02920
4. The name and address of all resident partners is:		
NAME	ADDRESS	
ORESTES HERNANDEZ	54 VALLEY ST. CENTRAL FALLS, RI 02863	
OSCAR BENITEZ	62 VALLEY ST. CENTRAL FALLS, RI 02863	
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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KL 9764N
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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 54 VALLEY STREET		
City/Town CENTRAL FALLS	State RHODE ISLAND	Zip Code 02863
6. A brief statement of the business in which the partnership is engaged in: DRYWALL AND CONSTRUCTION RESIDENTIAL AND COMERCIAL BUILDINGS		
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 ORESTE HERNANDEZ	Date 4/12/2021	
Signature of Resident Partner 		
Type or Print Name of Partner OSCAR BENITEZ	Date 4/12/2021	
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:

April 12, 2021 10:25 AM

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

Nellie M. Gorbea
Secretary of State

