



State of Rhode Island
Department of State - Business Services Division

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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:		
CBM ASSISTANCE GROUP LLP		
2. The address of the principal office is:		
Street Address		
69 MONTGOMERY ST. PAWTUCKET, R.I. 02860		
City/Town	State	Zip Code
PAWTUCKET	R.I.	02860
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	
CHARLES A. CASH JR.	275 GROTTO AVE. PAWTUCKET, R.I. 02860	
BRIAN FELAG	15 OAK BLUFF DR. ATTLEBORO, MA 02703	
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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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

69 MONTGOMERY ST.

City/Town

PAWTUCKET

State

R.I.

Zip Code

02860

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

EVENT PLANNING AND CONSULTING

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.

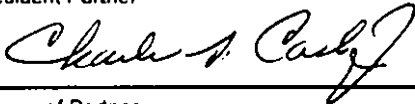
Type or Print Name of Partner

CHARLES A. CASH JR.

Date

6/24/21

Signature of Resident Partner



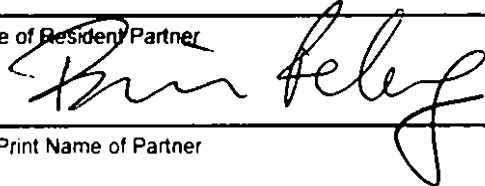
Type or Print Name of Partner

BRIAN FELAG

Date

6/24/21

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:

June 24, 2021 03:51 PM

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

Nellie M. Gorbea
Secretary of State

