



State of Rhode Island
Department of State - Business Services Division



Renewal of Registration of Limited Liability Partnership
 DOMESTIC Limited Liability Partnership

→ Filing Fee: \$50.00.

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SECRETARY OF STATE

The undersigned, desiring to renew, a 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. Entity ID Number: 001711424		2. The name of the partnership is: Brave Daughters <i>LLP</i>	
3. The address of the principal office is: Street Address 55 Cromwell St Suite 1B			
City/Town Providence		State RI	Zip Code 02907
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	
Erin Myles		352 Carpenter St #3 Providence RI 02909	
Margaret Semrau		88 Chapin St #3 Providence RI 02909	
			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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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 55 Cromwell St Suite 1B

City/Town Providence

State RI

Zip Code 02907

7. A brief statement of the business in which the partnership is engaged in:
handmade fine jewelry retailers

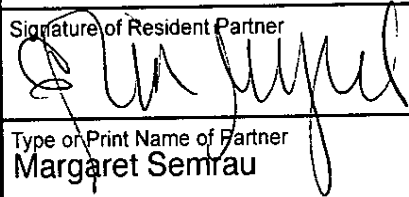
8. This application has been executed by a majority in interest of the partners or by one (1) or more partners authorized to execute an application.

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
Erin Myles

Date
08/11/2021

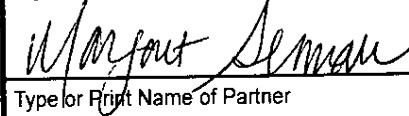
Signature of Resident Partner



Type or Print Name of Partner
Margaret Semrau

Date
8/11/2021

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:

August 11, 2021 02:33 PM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

