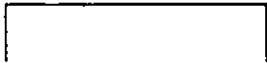




State of Rhode Island
Department of State - Business Services Division



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 R.I. DEPT. OF STATE
 BUS SVCS DIV

Registration of Limited Liability Partnership
 DOMESTIC Limited Liability Partnership

→ Filing Fee: \$150.00

2021 AUG 16 A 11:41

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:		
Cane & Shine LLP		
2. The address of the principal office is:		
Street Address		
603 Elmwood ave		
City/Town	State	Zip Code
Providence	Rhode Island	02907
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		
Ridely Myrthil		
Street Address (NOT a PO. Box)		
29 Kipling Street		
City/Town	State	Zip Code
Providence	RHODE ISLAND	02907
4. The name and address of all resident partners is:		
NAME	ADDRESS	
Ridely Myrthil	29 Kipling St, Providence RI, 02907	
Justin Tavaraz	86 William Ellery Pl Providence, RI	
	02904	
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

FILED

AUG 16 2021

BY [Signature] KJ180
 11:41

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

603 Elmwood Avenue

City/Town

Providence

State

Rhode Island

Zip Code

02907

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

car mobile detailing 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.

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

Date

Ridchy Myathi

8/11/2021

Signature of Resident Partner

Type or Print Name of Partner

Date

Justin Tavaraz

8/11/21

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:

August 16, 2021 11:41 AM

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

Nellie M. Gorbea
Secretary of State

