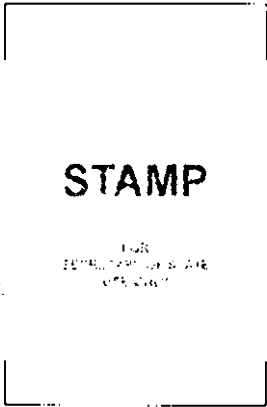




State of Rhode Island  
**Department of State - Business Services Division**



**Registration of Limited Liability Partnership**  
 DOMESTIC Limited Liability Partnership

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV

**STAMP**

FOR  
 DEPT. OF STATE  
 USE ONLY

→ Filing Fee: \$150.00

2021 AUG 17 P 2:37

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: <b>Open Detail, LLP</b>		
2. The address of the principal office is: Street Address 44 Verdic Avenue		
City/Town Providence	State RI	Zip Code 02909
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 Ava Maria Jones		
Street Address (NOT a P.O. Box) 44 Verdic Avenue		
City/Town Providence	State <b>RHODE ISLAND</b>	Zip Code 029092
4 The name and address of all resident partners is:		
NAME	ADDRESS	
Michelle L Cavaca	127 Annaquackett RD, North Kingstown, RI 02852	
Ava Maria Jones	44 Verdic Avenue, 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

**FILED**  
**STAMP**  
 AUG 17 2021  
 BY *[Signature]*  
 2:37

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 44 Verdic Avenue

City/Town Providence

State RI

Zip Code 02909

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

Detailing Yachts interior and exterior docked only, Homes and cars General cleaning equipment will be used and for cleaning and detailing purposes

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.*

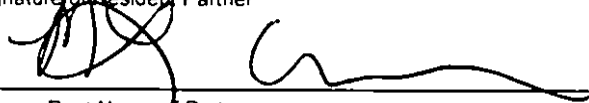
Type or Print Name of Partner

Michelle L Cavaca

Date

8/17/21

Signature of Resident Partner



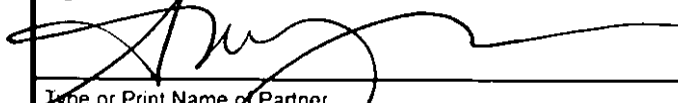
Type or Print Name of Partner

Ava Maria Jones

Date

8/17/21

Signature of Resident Partner



Type or Print Name of Partner

Ava M Jones

Date

8/17/2021

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 17, 2021 02:37 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

