



State of Rhode Island
Department of State - Business Services Division

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Renewal of Registration of Limited Liability Partnership
DOMESTIC Limited Liability Partnership

→ Filing Fee: \$50.00

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:

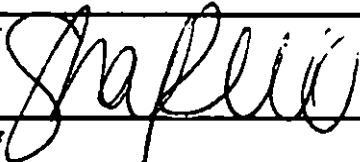
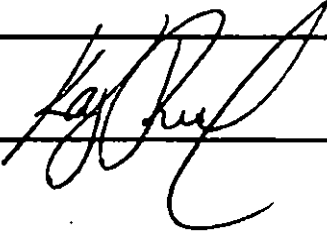

1. Entity ID Number: 1712359		2. The name of the partnership is: KSK Builders LLP	
3. The address of the principal office is:			
Street Address 531 Victory Hwy			
City/Town Mapleville	State RI	Zip Code 02839	
4. If the partnership's principal office is not located in Rhode Island, the name and address of the initial registered agent/office in Rhode Island is:			
Agent Name NA			
Street Address (NOT a P.O. Box) NA			
City/Town NA	State RHODE ISLAND	Zip Code NA	
5. The name and address of all resident partners is:			
NAME		ADDRESS	
Kayla Richard		531 Victory Hwy Mapleville, RI 02839	
Kyle Logan		261 Barnes Road Harrisville, RI 02830	
Shanna Richard		250 Church St Pascoag, RI 02859	
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 531 Victory Hwy		
City/Town Mapleville	State RI	Zip Code 02839
7. A brief statement of the business in which the partnership is engaged in: Real estate renovations, real estate sales and investment property holdings.		
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.		
<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 Shanna Richard	Date 9/1/2021	
Signature of Resident Partner 		
Type or Print Name of Partner Kayla Richard	Date 9/1/2021	
Signature of Resident Partner 		
Type or Print Name of Partner Kyle Logan	Date 9/1/2021	
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:

September 01, 2021 11:58 AM

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

Nellie M. Gorbea
Secretary of State

