



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:		
burnt llp		
2. The address of the principal office is:		
Street Address 64 Haverford Road		
City/Town Warwick	State Rhode Island	Zip Code 02886
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 RHODE ISLAND	Zip Code
4. The name and address of all resident partners is:		
NAME	ADDRESS	
Amanda A. Senna	64 Haverford Road Warwick, Rhode Island 02886	
Andrea Borden	64 Haverford Road Warwick, Rhode Island 02886	
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  
64 Haverford Road

City/Town Warwick	State Rhode Island	Zip Code 02886
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6. A brief statement of the business in which the partnership is engaged in:  
burnt lp will be a laser cutting, and custom engraving business. Anywhere from engraving laptops and making Christmas ornaments, to your handwritten recipes on cutting boards, or layered bathymetric maps of your favorite vacation spot. With creative minds and a laser printer the ideas are endless.

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 Amanda A. Senna	Date 12/26/2021
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Signature of Resident Partner  


Type or Print Name of Partner Andrea Borden	Date 12/26/2021
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Signature of Resident Partner  


Type or Print Name of Partner	Date
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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:

December 30, 2021 12:08 PM

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

Nellie M. Gorbea  
*Secretary of State*

