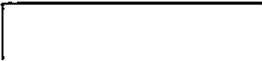




State of Rhode Island
Department of State - Business Services Division



Registration of Limited Liability Partnership
 DOMESTIC Limited Liability Partnership

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→ Filing Fee: \$150.00

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SECRETARY OF STATE
 PROVIDENCE

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: | | |
| Betty's Bridal, LLP | | |
| 2. The address of the principal office is: | | |
| Street Address 642 East Ave | | |
| City/Town Warwick | State RI | 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 | |
| Mirna Fisher | 140 Suffolk Street, Providence, RI 02908 | |
| Evelyn Rafael | 75 Yucatan Drive, Warwick, RI 02889 | |
| Dina Rafael | 165 Suffolk Street, Providence, RI 02908 | |
| | | |
| 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 642 East Ave | | |
| City/Town Warwick | State RI | Zip Code 02886 |

6. A brief statement of the business in which the partnership is engaged in:
Primarily sell dresses and accessories to brides-to-be and members of bridal party (e.g., the maid of honor, the mother of the bride, etc.)

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 Mirna Fisher | Date 1. 25. 22 |
|-----------------------------------------------|-------------------|

Signature of Resident Partner


| | |
|------------------------------------------------|-------------------|
| Type or Print Name of Partner Evelyn Rafael | Date 1/25/2022 |
|------------------------------------------------|-------------------|

Signature of Resident Partner


| | |
|----------------------------------------------|------|
| Type or Print Name of Partner Dina Rafael | Date |
|----------------------------------------------|------|

Signature of Resident Partner
 1/25/2022



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:

January 25, 2022 11:44 AM

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

Nellie M. Gorbea
Secretary of State

