



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

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2022 APR 18 P 2:36

**Registration of Limited Liability Partnership**

DOMESTIC Limited Liability Partnership

→ Filing Fee: \$150.00

**STAMP**

FOR SECRETARY OF STATE USE ONLY

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: <i>PROVIDENCE TAXI, LLP</i>		
2. The address of the principal office is:		
Street Address <i>42 OPHELIA ST</i>		
City/Town <i>PROVIDENCE</i>	State <i>RI</i>	Zip Code <i>02909</i>
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 <i>Ramon Perez</i>		
Street Address (NOT a P.O. Box) <i>42 OPHELIA ST</i>		
City/Town <i>PROV</i>	State <b>RHODE ISLAND</b>	Zip Code <i>02909</i>
4. The name and address of all resident partners is:		
NAME	ADDRESS	
<i>Ramon A. Perez</i>	<i>42 OPHELIA ST PROV RI 02909</i>	
<i>MAYRA PUEZ</i>	<i>42 OPHELIA ST PROV, RI 02909</i>	
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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APR 18 2022  
 BY *[Signature]* 1011  
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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 42 OPHELIA ST		
City/Town PROV	State RI	Zip Code 02909
6. A brief statement of the business in which the partnership is engaged in: TAXI		
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.		
<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 RAMON A. PEREZ	Date 04/18/22	
Signature of Resident Partner Ramon Perez		
Type or Print Name of Partner	Date	
Signature of Resident Partner		
Type or Print Name of Partner	Date	
Signature of Resident Partner		

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email [corporations@sos.ri.gov](mailto:corporations@sos.ri.gov).



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:

April 18, 2022 02:36 PM

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

Nellie M. Gorbea  
*Secretary of State*

