



State of Rhode Island  
Office of the Secretary of State

Fee: \$100.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

Limited Partnership  
Certificate of Limited Partnership

(Section 7-13-8 of the General Laws of Rhode Island, 1956, as amended)

ARTICLE I

The name of the limited partnership shall be: Irene Gelinas L.P.

ARTICLE II

The address of the specified office in this state where the records of the limited partnership shall be kept is:

No. and Street: 357 SHUMANKANUC HILL RD  
City or Town: CHARLESTOWN State: RI Zip: 02813 Country: USA

ARTICLE III

The street address (post office boxes are not acceptable) of the initial registered office of the limited partnership is:

No. and Street: 357 SHUMANKANUC HILL RD  
City or Town: CHARLESTOWN State: RI Zip: 02813

The name of its initial registered agent at such address is DANIEL RZEWUSKI

ARTICLE IV

The name and business address of each general partner is:

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PARTNER	IRENE GELINAS	357 SHUMANKANUC HILL RD CHARLESTOWN, RI 02813 USA

ARTICLE V

The mailing address for the limited partnership is:

No. and Street: 357 SHUMANKANUC HILL RD  
City or Town: CHARLESTOWN State: RI Zip: 02813 Country: USA

ARTICLE VI

Any other matters the partners determine to include herein:

Signed this 13 Day of June, 2022 at 5:10:40 PM by the general partner(s). This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or

*acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the partnership, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-13.*

By

<BR> IRENE GELINAS

Signature(s) of all general partners named herein

Form No. 300  
Revised 09/07

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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:

June 13, 2022 05:08 PM

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

Nellie M. Gorbea  
*Secretary of State*

