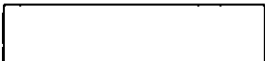




State of Rhode Island
Department of State - Business Services Division



Registration of Limited Liability Partnership

DOMESTIC Limited Liability Partnership

→ Filing Fee: \$150.00

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 BUS SVCS DIV

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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: | | |
| R&C CARING TRANSPORTATION <i>LLP</i> | | |
| 2. The address of the principal office is: | | |
| Street Address 43 SIMPSON STREET | | |
| City/Town NORTH PROVIDENCE | State RI | Zip Code 02911 |
| 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 REYNA M SYMONDS | | |
| Street Address (NOT a P.O. Box) 43 SIMPSON STREET | | |
| City/Town NORTH PROVIDENCE | State RHODE ISLAND | Zip Code 02911 |
| 4. The name and address of all resident partners is: | | |
| NAME | ADDRESS | |
| REYNA M SYMONDS | 43 SIMPSON STREET NORTH PROVIDENCE RI 02911 | |
| CALVIN L BRIDGES | 72 FRENCH STREET PAWTUCKET RI 02860 | |
| | | |
| | | |
| 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

3:33

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BY *[Signature]* MGFRC

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
43 SIMPSON STREET

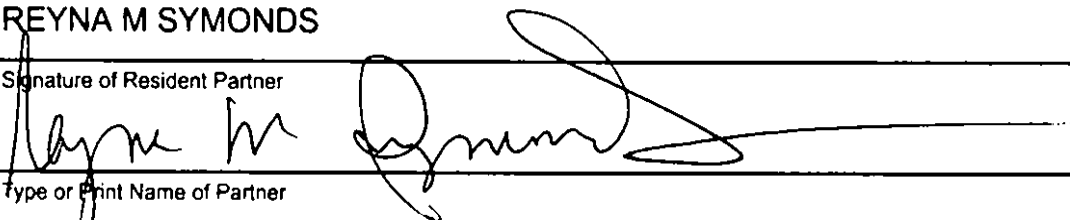
| | | |
|-------------------------------|-------------|-------------------|
| City/Town NORTH PROVIDENCE | State RI | Zip Code 02911 |
|-------------------------------|-------------|-------------------|

6. A brief statement of the business in which the partnership is engaged in:
TRANSPORTING THE ELDERLY TO DOCTOR'S APPOINTMENT AND PRESCRIPTION DELIVERLY, AND NON MEDICAL TRANSPORTATION.

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 REYNA M SYMONDS | Date 6-24-2022 |
|--|-------------------|

Signature of Resident Partner


| | |
|---|-------------------|
| Type or Print Name of Partner CALVIN L BRIDGES | Date 6-24-2022 |
|---|-------------------|

Signature of Resident Partner


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

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:

June 24, 2022 03:33 PM

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

Nellie M. Gorbea
Secretary of State

