



**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: Empoderate Sin Tabú LP

**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: 885 DYER AVE  
City or Town: CRANSTON State: RI Zip: 02920 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: 885 DYER  
City or Town: CRANSTON State: RI Zip: 02920

The name of its initial registered agent at such address is NEWERATAXES

**ARTICLE IV**

The name and business address of each general partner is:

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PARTNER	YAMANDA L PEREZ	147 ORCHARD CRANSTON, RI 02910 USA
PARTNER	LEISHA CLEMENTE	34 SEABURY ST PROVIDENCE, RI 02907 USA
PARTNER	SANDRA L ORTIZ	36 ENFIELD ST PAWTUCKET, RI 02861 USA

**ARTICLE V**

The mailing address for the limited partnership is:

No. and Street: 885 DYER AVE

City or Town: CRANSTON State: RI Zip: 02920 Country: USA

**ARTICLE VI**

Any other matters the partners determine to include herein:

**Signed this 2 Day of August, 2022 at 12:56:20 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> YAMANDA L PEREZ <BR> LEISHA CLEMENTE <BR> SANDRA L ORTIZ

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:

August 02, 2022 12:53 PM

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

Nellie M. Gorbea  
*Secretary of State*

