RI SOS Filing Number: 202222782940 Date: 9/12/2022 4:01:00 PM



Registration of Limited Liability Partnership

DOMESTIC Limited Liability Partnership

→ Filing Fee: \$150.00

R.I. DEPT. OF STATE BUS SVCS.DIV

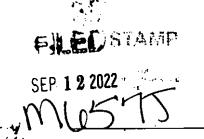
| The undersigned, desiring to form, a ne conferred by RIGL 7-12-56, do execute | 2 1 | • | · • | |
|---|--|---|------------------------------------|--|
| 1. The name of the limited liability part | | , | | |
| Old Depot Square, LLP | | | | |
| 2. The address of the principal office is | : | | | |
| Street Address 144 Woody Hill Roa | ad | | | |
| City/Town Hope Valley | | State RI | Zip Code 02832 | |
| 3. If the partnership's principal office is office in Rhode Island is: | not located in Rhode | e Island, the name and address | s of the initial registered agent/ | |
| Agent Name James A. Kupa, Esq. | | | | |
| Street Address (NOT a P.O. Box) 650 | 00 Post Road | | | |
| City/Town North Kingstown | | State RHODE ISLAND | Zip Code 02852 | |
| 4. The name and address of all reside | nt partners is: | " | | |
| NAME | ADDRESS | ADDRESS | | |
| Clifton H. Woodmansee | 144 Woody Hill Road, Hope Valley, RI 02832 | | | |
| Francis Gilman | 229 Arcadia | 229 Arcadia Road, Hope valley, RI 02832 | | |
| | | | | |
| <u> </u> | | | | |
| | | Check this | box to indicate an attachment | |
| | | | | |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov



A.A.A. OLD PM-

| 5. List the place where the business records of the partnersl records is maintained, list the principal place of business of | | than one location for business |
|--|-------------------------------|-----------------------------------|
| Street Address 144 Woody Hill Road | · | |
| City/Town Hope Valley | State RI | Zip Code 02832 |
| 6. A brief statement of the business in which the partnership | is engaged in: | <u> </u> |
| Real Estate Holding Company for the purposes of | buying and selling real e | estate |
| 7. This application has been executed by a majority in interesexecute an application. Under penalty of perjury, I/we declare and affirm that I/we had including any accompanying attachments, and that all states | ave examined this Certificate | of Limited Liability Partnership, |
| Type or Print Name of Partner | | Date |
| Clifton H. Woodmansee | | September 9, 2022 |
| Signature of Resident Partner | | |
| Type or Print Name of Partner | | Date |
| Francis Gilman | | September 9, 2022 |
| Signature of Resident Partner | | |
| Type or Print Name of Partner | | Date |
| Signature of Resident Partner | | |

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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:

September 12, 2022 04:01 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

