



State of Rhode Island
Department of State - Business Services Division

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Registration of Limited Liability Partnership

DOMESTIC Limited Liability Partnership



→ Filing Fee: \$150.00

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:		
Old Depot Square, LLP		
2. The address of the principal office is:		
Street Address 144 Woody Hill Road		
City/Town Hope Valley	State RI	Zip Code 02832
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 James A. Kupa, Esq.		
Street Address (NOT a P.O. Box) 6500 Post Road		
City/Town North Kingstown	State RHODE ISLAND	Zip Code 02852
4. The name and address of all resident partners is:		
NAME	ADDRESS	
Clifton H. Woodmansee	144 Woody Hill Road, Hope Valley, RI 02832	
Francis Gilman	229 Arcadia Road, Hope valley, RI 02832	
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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 FORM 500 - Revised 08/2021

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 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: Real Estate Holding Company for the purposes of buying and selling real estate		
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 Clifton H. Woodmansee	Date September 9, 2022	
Signature of Resident Partner 		
Type or Print Name of Partner Francis Gilman	Date September 9, 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:

September 12, 2022 04:01 PM

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

Nellie M. Gorbea
Secretary of State

