



State of Rhode Island
Department of State - Business Services Division

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2022 SEP 14 P 12:11

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: Michie Hostel LLP			
2. The address of the principal office is:			
Street Address 145 Westminster st suite 4			
City/Town providence	State ri	Zip Code 02903	
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			
Street Address (NOT a P.O. Box)			
City/Town	State RHODE ISLAND	Zip Code	
4. The name and address of all resident partners is:			
NAME		ADDRESS	
cesar michi trujillo		70 kennedy plaza unit 6 Providence RI 02903	
Bryan michi trujillo		70 kennedy plaza unit 6 Providence RI 02903	
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

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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 145 Westminster st suite 4			
City/Town providence	State ri	Zip Code 02903	
6. A brief statement of the business in which the partnership is engaged in: We are opening a Hostel in 41 Central st Providence RI 02903			
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 cesar michi trujillo			Date 8/30/22
Signature of Resident Partner <i>Cesar Michi Trujillo</i> <small>DocuSigned by: AAFE64849E3748B</small>			
Type or Print Name of Partner bryan michi trujillo			Date 8/30/22
Signature of Resident Partner <i>Bryan Michi Trujillo</i> <small>DocuSigned by: 1307EFD091241D</small>			
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 14, 2022 12:11 PM

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

Nellie M. Gorbea
Secretary of State

