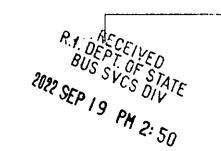
RI SOS Filing Number: 202222925770 Date: 9/19/2022 2:50:00 PM



Registration of Limited Liability Partnership

DOMESTIC Limited Liability Partnership

→ Filing Fee: \$150.00



The undersigned, desiring to form, a new li conferred by RIGL 7-12-56, do execute the				
1. The name of the limited liability partners	ship is:	•	·	
KSK Builders LLP				
2. The address of the principal office is:	-			
Street Address 531 Victory Hwy				
City/Town Mapleville		State RI	Zip Code 02839	
3. If the partnership's principal office is no office in Rhode Island is:	t located in Rhode	Island, the name and address	of the initial registered agent/	
Agent Name				
Street Address (NOT a P.O. Box)	_			
City/Town		State RHODE ISLAND	Zip Code	
4. The name and address of all resident p	artners is:			
NAME	ADDRESS	ADDRESS		
Kayla Richard	531 Victory I	531 Victory Hwy Mapleville, RI 02839		
Shanna Richard	250 Church	250 Church St Pascoag, RI 02859		
Kyle Logan	261 Barnes Road Harrisville, RI 02830			
		Check this b	ox 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 SEP 1 9 2022,

FORM 500 - Revised 108/20/

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 531 Victory Hwy				
City/Town Mapleville	State RI	Zip Code 02839		
6. A brief statement of the business in which the partnership is engaged in:				
Real estate renovations, investment holdings and	property sales.			
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		Date		
Shanna Richard		09/13/2022		
Signature of Resident Partners A DUIL				
Type or Print Name of Partner		Date		
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 19, 2022 02:50 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

