



State of Rhode Island  
**Department of State - Business Services Division**

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
 2022 SEP 19 PM 2:50

**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:		
KSK Builders <i>LLP</i>		
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 not located in Rhode Island, the name and address of the initial registered agent/ office in Rhode Island is:		
Agent Name		
Street Address ( <u>NOT</u> a P.O. Box)		
City/Town	State RHODE ISLAND	Zip Code
4. The name and address of all resident partners is:		
NAME	ADDRESS	
Kayla Richard	531 Victory Hwy Mapleville, RI 02839	
Shanna Richard	250 Church St Pascoag, RI 02859	
Kyle Logan	261 Barnes Road Harrisville, RI 02830	
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

**FILED**  
 SEP 19 2022  
*15400*  
*A.A.*  
*2:50 PM*  
 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  
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 Shanna Richard	Date 09/13/2022
---	--------------------

Signature of Resident Partner  


Type or Print Name of Partner	Date
-------------------------------	------

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 19, 2022 02:50 PM

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

Nellie M. Gorbea  
*Secretary of State*

