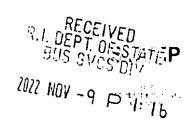
RI SOS Filing Number: 202224627230 Date: 11/9/2022 1:16:00 PM



Registration of Limited Liability Partnership

DOMESTIC Limited Liability Partnership

→ Filing Fee: \$150.00



The undersigned, desiring to form, a new liconferred by RIGL <u>7-12-56</u> , do execute the	mited liability part following Registra	nership under and by virt ation of Limited Liability F	ue of the powers
1. The name of the limited liability partners			
DEVI LLP			
2. The address of the principal office is:			
Street Address			-
143 corporate place	ce		
City/Town		State	Zip Code
143 corporate place City/Town Middletown		RI	02842
If the partnership's principal office is not office in Rhode Island is:		Island, the name and ad	ddress of the initial registered agent/
Agent Name			
Street Address (<u>NOT</u> a P.O. Box)			
City/Town		State	Zip Code
		RHODE ISLAN	
4. The name and address of all resident pa	artners is:		
NAME	ADDRESS		
TSERING NGAMDUNG	Middletown, RI 02842 C-40, West Azad Nagar		
TSERING NGAMDUNG Ashwani Mongia	C-40, West Azad Nagar Jelhi, INDIA 110051		
<u> </u>		11003	1
		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 FILEDSTAMP NOV 0 9 2022 FIVE

BY 1 DZ33

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					
143 corpo rate place					
City/Town 0.0	State	Zip Code			
City/Town Middle town	RI				
		02842_			
6. A brief statement of the business in which the partnership is engaged in:					
Wholesale garments.					
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			
TSERING NGAMDUNG		11/9/22			
Signature of Resident Partner					
Type or Print Name of Partner		Date 22			
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:

November 09, 2022 01:16 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

