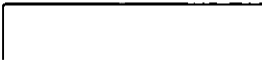




State of Rhode Island
Department of State - Business Services Division



Registration of Limited Liability Partnership
 DOMESTIC Limited Liability Partnership

→ Filing Fee: \$150.00

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV

2022 DEC 19 P 12:42

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:

Mestro Music Professionals L.L.P

2. The address of the principal office is:

Street Address
46 Lynn Ave

City/Town <i>Rumford</i>	State <i>Rhode Island</i>	Zip Code <i>02916</i>
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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
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4. The name and address of all resident partners is:

NAME	ADDRESS
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<i>Charles Kalajian</i>	<i>46 Lynn Ave Rumford RI 02916</i>
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<i>John Kalajian</i>	<i>65 Bay Street Apartment 2402 Jersey City NJ 07302</i>
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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

FILED

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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

46 Lynn Ave

City/Town

Rumford

State

Rhode Island

Zip Code

02916

6. A brief statement of the business in which the partnership is engaged in:

Muistro Music Professionals L.L.P is an online platform and a mobile application that improves the learning experience for instructors and students in the field of fine arts. The platform's overall goal is to improve access to quality and equitable music education

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

Charles Kalajian

Date

12/19/2022

Signature of Resident Partner

Charles Kalajian

Type or Print Name of Partner

John Kalajian

Date

12/19/2022

Signature of Resident Partner

John Kalajian

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:

December 19, 2022 12:42 PM

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

Nellie M. Gorbea
Secretary of State

