



Statement of Qualification of Limited Liability Partnership

DOMESTIC Limited Liability Partnership

→ Filing Fee: \$150.00

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2023 MAR 20 P 2:52

The undersigned, desiring to form, a new limited liability partnership under and by virtue of the powers conferred by RIGL 7-12.1-901, do execute the following Registration of Limited Liability Partnership:

1. The name of the limited liability partnership is:		
World Power LLP		
2. The address of the principal office is:		
Street Address		
969 Waterman Ave		
City/Town	State	Zip Code
East Providence	RI	02914
3. The name and address of the initial registered agent/office in Rhode Island is:		
Agent Name		
Edwin Saladin		
Street Address (NOT a PO Box)		
969 Waterman Ave		
City/Town	State	Zip Code
East Providence	RHODE ISLAND	02914
4. The name and address of each partner is (This is optional):		
NAME	ADDRESS	
Steven Michael Silva	355 King Philip Street Apt 66 Bayshore RI 02876	
Edwin Saladin	16 Munnery Street Attleboro MA, 01903	
Check this box to indicate an attachment <input type="checkbox"/>		

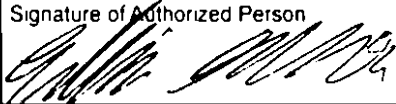
MAIL TO:

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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5. By filing this statement, the partnership elects to become a limited liability partnership.	
6. The partnership has the purpose of engaging in any lawful business, and shall have perpetual existence until cancelled or terminated in accordance with RIGL <u>7-12.1</u>	
7. Date when this Statement of Qualification will be effective: CHECK ONE BOX ONLY	
<input checked="" type="checkbox"/> Date received (Upon filing)	
<input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____	
8. 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 Statement of Qualification of Limited Liability Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.</i>	
Type or Print Name of Authorized Person	Date
Edwin S. Suda	3/17/2023
Signature of Authorized Person	
	

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.



State of Rhode Island
Department of State | Office of the Secretary of State
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, 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:

March 20, 2023 02:52 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore
Secretary of State

