



State of Rhode Island  
 Department of State - Business Services Division

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 BUS. SERVICES DIV.  
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 SECRETARY USE ONLY

**Statement of Qualification 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 7-12.1-901, do execute the following Statement of Qualification of Limited Liability Partnership:

1. The name of the limited liability partnership is:		
The New England Expedition- Providence I, LLP		
2. The address of the principal office is:		
Street Address 12 Middlesex Road, Unit # 67448		
City/Town Chestnut Hill	State MA	Zip Code 02467
3. The name and address of the initial registered agent/office in Rhode Island is:		
Agent Name JOHN B. MURPHY		
Street Address (NOI a P.O. Box) MORNEAU & MURPHY /38 NORTH COURT STREET		
City/Town PROVIDENCE	State RHODE ISLAND	Zip Code 02903
4. The name and address of each partner is (This is optional.):		
NAME	ADDRESS	
FELDCO PROVIDENCE, LLC	38 NORTH COURT STREET, PROVIDENCE, RI 02903 (Local)	
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.n.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 7-12.1.

7. Date when this Statement of Qualification will be effective: **CHECK ONE BOX ONLY**

Date received (Upon filing)

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.

*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.*

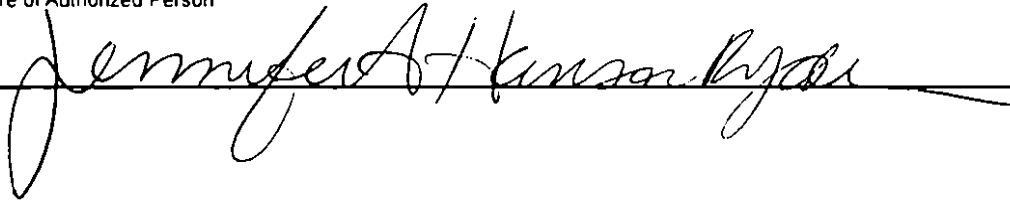
Type or Print Name of Authorized Person

Jennifer A. Hanson Ryder

Date

05/11/23

Signature of Authorized Person





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:

May 15, 2023 11:58 AM

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

Gregg M. Amore  
*Secretary of State*

