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State of Rhode Island Department of State - Business Services Division

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

2014 JAN -2 A 9475TAINE

Designation of Registered Agent/OfficeDOMESTIC or FOREIGN Partnership

→ No Filing Fee

> No Filling Fee			
Pursuant to the provisions the following statement for Rhode Island:	of RIGL <u>7-13,1-118</u> or <u>7-12,1-9</u> the purpose of designating a re	109 the undersigned partnership s egistered agent and office in the S	State of
1. Entity ID Number	2. Exact Name of the Partnership		
1749917	Maestro Musi	c Professionals	L.L. P
3. The address of the regi			
Street Address (NOT a P.O.			
46 Lynn Avenue		State	Zip
CityTown		State RHODE ISLAND	02916
4. The name of the registe	ered agent is:		
Placetes K	واغناهم		the of Registered Office by
5. Under penalty of perjui	y, I declare and affirm that I hav all statements contained herein	ve examined this Statement of De n are true and correct.	esignation of Registered Office by
Name of a General Partner or Authorized Representative			Date /
Charles Kalajian			12/30/2023
Signature of the a General	al Partner or Authorized Repres	entative	
	1 , 20-		'

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov