

1659999



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

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R.I. DEPARTMENT OF STATE  
2016 DEC 19 AM 11:37

### Renewal of Registration of Limited Liability Partnership DOMESTIC Limited Liability Partnership

→ Filing Fee: \$50.00

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:

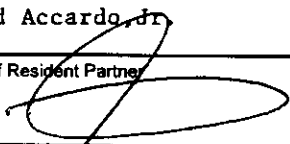
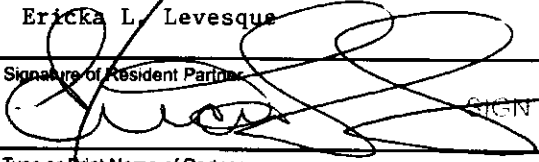
1. Entity ID Number: 001659999		2. The name of the partnership is: Accardo Law Offices, LLP	
3. The address of the principal office is:			
Street Address 311 Angell Street			
City/Town Providence		State RI	Zip Code 02906
4. If the partnership's principal office is not located in Rhode Island, the name 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
5. The name and address of all resident partners is:			
NAME		ADDRESS	
Leonard Accardo, Jr.		311 Angell Street, Providence, RI 02906	
Ericka L. Levesque		186 Mountain Laurel Drive, Cranston, RI 02920	
Check the 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

**FILED**

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6. 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 311 Angell Street		
City/Town Providence	State RI	Zip Code 02906
7. A brief statement of the business in which the partnership is engaged:  Legal Services		
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 Certificate of Limited Liability Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.</i>		
Type or Print Name of Partner Leonard Accardo, Jr.	Date 12/15/16	
Signature of Resident Partner  SIGN DOCUMENT HERE.		
Type or Print Name of Partner Ericka L. Levesque	Date 12/15/16	
Signature of Resident Partner  SIGN DOCUMENT HERE.		
Type or Print Name of Partner	Date	
Signature of Resident Partner  SIGN DOCUMENT HERE.		



State of Rhode Island and Providence Plantations  
**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  
and Providence Plantations, 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:

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea  
*Secretary of State*

