RI SOS Filing Number: 201748733290 Date: 8/24/2017 8:25:00 AM



Notice of Registration

FOREIGN Limited Liability Partnership

→ Filing Fee: \$1,000.00

The undersigned, foreign registered limited liability partnership in accordance with RIGL <u>7-12-59</u>, submits notice of its intent to transact business in the state of Rhode Island and for that purpose makes the following statement:

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be:					
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nd transact business in Rhode	Island is:				
agreement and under which it	is registered as a	2017	R.I.		
		S SUN			
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		AM 8:	AIG S		
State NY	Zip Code 10112	25	ניז		
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:					
		-			
e 200					
State RHODE ISLAND	Zip Code 02888		:		
	State NY Island, the name and address e 200 State	agreement and under which it is registered as a State NY Zip Code 10112 Island, the name and address of the initial regis e 200 State Zip Code	agreement and under which it is registered as a Registered as Registered as a Registered as a Registered as a Registered as a		

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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BY 310919

5. The name and address of all resident pa	rtners in Rhode Island is:			
NAME	ADDRESS			
Not Applicable				
	Check the box to indicate an attachment.			
6. A brief statement of the business in which				
The partnership provides accounting, au	udit and related professional services.			
	•			
	Check the box to indicate an attachment.			
7. Any other information that the partnership determines to include:				
Not Applicable				
• •				
	Check the box to indicate an attachment.			

8. The partnership is a Registered of filing. Upon expiration the Foreig	Limited Liability Partnership. The notice shall b in Limited Liability Partnership is responsible fo	e effective for 2 (two) years from the date or filing a new notice.
Under penalty of perjury, I/we declar Partnership, including any accomp	are and affirm that I/we have examined this No anying attachments, and that all statements co	tice of Foreign Limited Liability ontained herein are true and correct.
Type or Print Name of Partner		Date
Deloitte LLP, Partner by Nancy L	Juron, Partner	8-18-2017
Signature of Partner	SIGN DOCUMENT HERE	
Type or Print Name of Partner		Date
Signature of Partner	SIGN DOCUMENT HERE	
Type of Print Name of Partner		Date
Signature of Partner	SIGN DOCUMENT HERE	

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "DELOITTE & TOUCHE LLP" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE EIGHTEENTH DAY OF AUGUST, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DELOITTE & TOUCHE LLP" WAS FORMED ON THE SIXTEENTH DAY OF APRIL, A.D. 1997.

LANCE OF THE PARTY OF THE PARTY

Authentication: 203081018

Date: 08-18-17

RI SOS Filing Number: 201748733290 Date: 8/24/2017 8:25:00 AM



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:

August 24, 2017 08:25 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

