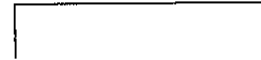




State of Rhode Island
Department of State - Business Services Division



RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2021 MAR 10 P 3:37

Registration 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 7-12-56, do execute the following Registration of Limited Liability Partnership:



1. The name of the limited liability partnership is:		
Accardo Law Offices, LLP		
2. The address of the principal office is:		
Street Address 311 Angell Street		
City/Town Providence	State RI	Zip Code 02906
3. 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
4. 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 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

FILED
 MAR 10 2021
 BY *AK RIEBY*
 3:37
 AMP

5. 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

6. A brief statement of the business in which the partnership is engaged in:

To engage in the practice of law

7. 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 Certificate of Limited Liability Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of Partner

Ericka L. Levesque

Date

March 4, 2021

Signature of Resident Partner

Type or Print Name of Partner

Leonard Accardo, Jr.

Date

March 4, 2021

Signature of Resident Partner

Type or Print Name of Partner

Date

Signature of Resident Partner



State of Rhode Island
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,
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 10, 2021 03:37 PM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

