RI SOS Filing Number: 202193953790 Date: 3/15/2021 3:24:00 PM



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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The name of the foreign limited liability partnership shall be:				
SHIPMAN & GOODWIN LLP				
The name, if different, under which it proposes to register and transact business in Rhode Island is:				
		-		
 The jurisdiction, the laws of which govern its partnership agreement and under which it is registered as a Limited Liability Partnership, is: 				
Connecticut				
3. The address of the principal office is:				
Address One Constitution Plaza				
City/Town Hartford	State CT	Zip Code 06103-1919		
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 Corporation Service Company				
Street Address (NOT a P.O. Box) 222 Jefferson Boulevard, Suite 200				
City/Town Warwick	State RHODE ISLAND	Zip Code 02888		

MAIL TO:

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FORM: 550 - Revised: 08:2020

5. The name and address of all	resident partners in Rhode Island is:	
NAME	ADDRESS	
None		
		
		·, ·-··
		Check the box to indicate an attachment
	ess in which the partnership is engaged:	
The LLP is engaged in the pra	ctice of law.	
		·
		Check the box to indicate an attachment
7. Any other information that the	partnership determines to include:	
		Check the box to indicate an attachment

8. The partnership is a Registered Limited Liability Partnership. The notice shall be effective for 2 (two) years from the date of filing. Upon expiration the Foreign Limited Liability Partnership is responsible for filing a new notice.			
Under penalty of perjury, I/we declare and affirm that I/we have examined this Notice of Foreign Limited Liability Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.			
Type or Print Name of Partner or Authorized Representative	Date		
Leander A. Dolphin, Co-Managing Parter	March 🛂 , 2021		
Signature of Partner or Authorized Representative			
Type or Print Name of Partner	Oate		
Signature of Partner			
Type of Print Name of Partner	Date		
Signature of Partner			

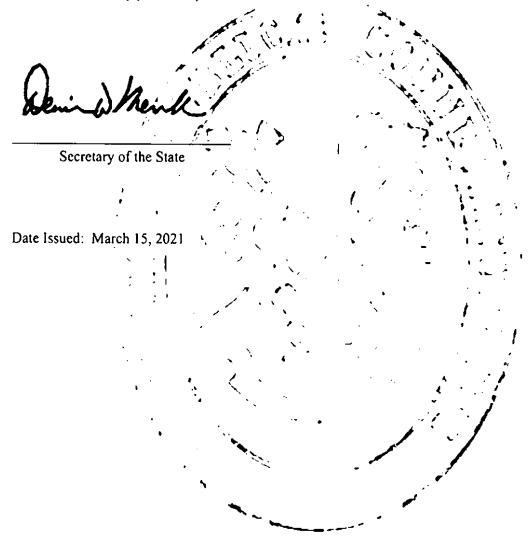
Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof, DO HEREBY CERTIFY, that a certificate of limited liability partnership for

SHIPMAN & GOODWIN LLP

a domestic limited liability partnership, was filed in this office on July 01, 1996.

A renunciation of status report has not been filed, and so far as indicated by the records of this office such limited liability partnership is in existence.



Business ID: 0539009 Standard Certificate Number: 2021175079001

Note: To verify this certificate, visit the web site http://www.concord.sots.ct.gov

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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 15, 2021 03:24 PM

Nellie M. Gorbea Secretary of State

Tullin U. Horler

