RI SOS Filing Number: 202195758500 Date: 4/15/2021 1:04:00 PM



R.I. DEPT. OF STATE BUS SYCS DIV

2021 APR 15 P 1: 04

## Notice of Registration

FOREIGN Limited Liability Partnership

→ Filing Fee: \$1,000.00

1. The name of the foreign limited liability p	partnership shall be:	
PricewaterhouseCoopers LLP		
The name, if different, under which it propo	oses to register and transact business in Rh	ode Island is:
<ol><li>The jurisdiction, the laws of which gover Limited Liability Partnership, is:</li></ol>	n its partnership agreement and under whic	h it is registered as a
•		
Delaware		
3. The address of the principal office is:	· · · · · · · · · · · · · · · · · · ·	
Address		
200 Madiana Austria		•
300 Madison Avenue		
City/Town	State	Zip Code
	State NY	Zip Code 10017
City/Town New York		10017
City/Town New York  4. If the partnership's principal office is not agent/office in Rhode Island is: Agent Name	NY	10017
City/Town  New York  4. If the partnership's principal office is not agent/office in Rhode Island is:	NY	10017
City/Town  New York  4. If the partnership's principal office is not agent/office in Rhode Island is:  Agent Name  C T Corporation System  Street Address (NOT a P.O. Box)	NY	10017
City/Town  New York  4. If the partnership's principal office is not agent/office in Rhode Island is:  Agent Name  C T Corporation System  Street Address (NOT a P.O. Box)	NY located in Rhode Island, the name and add	10017

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

APR 1 5 2021

BY CU DOMNN

FORM 550 - Revised: 12/2018

5. The name and address of all resident part	iners in Rhode Island is:
NAME	ADDRESS
No Partners/Offices in Rhode Island	
	Check the box to Indicate an attachment
6. A brief statement of the business in which	the partnership is engaged:
The Partnership engages in the prac	ctice of public accountancy
	Check the box to indicate an attachment
7. Any other information that the partnership	p determines to include:
	Check the box to indicate an attachment

<ol><li>The partnership is a Registered Limited Liability Partnership. The notice shall be effection of filing. Upon expiration the Foreign Limited Liability Partnership is responsible for filing a</li></ol>	ve for 2 (two) years from the date new notice.
Under penalty of perjury, I/we declare and affirm that I/we have examined this Notice of For Partnership, including any accompanying attachments, and that all statements contained	oreign Limited Liability herein are true and correct.
Type or Print Name of Partner or Authorized Representative	Date
David Zentkovich	April 12, 2021
Signature of Partner or Authorized Representative	112/2021
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	

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## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "PRICEWATERHOUSECOOPERS 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 SEVENTH DAY OF APRIL, A.D. 2021.

2902899 8300 SR# 20211213299

Authentication: 202916338

Date: 04-07-21

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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:

April 15, 2021 01:04 PM

Nellie M. Gorbea Secretary of State

Tullin U. Horler

