RI SOS Filing Number: 202100376940 Date: 8/26/2021 9:49:00 AM



## PECEIVED R.I. DEPT. OF STATE BUS SVCS DIV 2021 AUG 25 AH 10: 27

**Notice of Registration** 

FOREIGN Limited Liability Partnership

→ Filing Fee: \$1,000.00

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

makes the following statement.		
1. The name of the foreign limited liability partnership shall t	oe.	
Deloitte LLP	· · · · · · · · · · · · · · · · · · ·	
The name, if different, under which it proposes to register a	nd transact business in Rhode	Island is:
The jurisdiction, the laws of which govern its partnership a Limited Liability Partnership, is:	agreement and under which it i	- · · · · · · · · · · · · · · · · · · ·
Delaware		AUG 26
The address of the principal office is:		並 000
Address 30 Rockefeller Plaza		Q: 1-9
City/Town New York	State NY	Zip Code 10112
4. If the partnership's principal office is not located in Rhode agent/office in Rhode Island is.	Island, the name and address	of the initial registered
Agent Name Corporation Service Company		
Street Address ( <u>NOT</u> a P.O. Box) 222 Jefferson Blvd, Suite 2	200	
City/Town	State	Zip Code
Warwick	RHODE ISLAND	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 FILED

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BY X 8 V 9 E

N D 0 49 A.M.

5. The name and address of all resident part	tners in Rhode Island is:
NAME	ADDRESS
lain D. Bamford	46 South Meadow Lane, Barrington, RI 02806
David Chariton	136 Woodridge Drive, Saunderstown, RI 02874
Andrew John Winters	40 Oak Avenue, Narragansett, RI 02882
	Check the box to indicate an attachment
6. A brief statement of the business in which	the partnership is engaged
The partnership provides administrative servence operate under the Deloitte name.	vices (accounting, human resources, legal services, etc.) to the entities that
	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 of filling. Upon expiration the Foreign Limited Liability Partnership is responsible for filling a	e for 2 (two new notice.	) years	from the date
Under penalty of perjury, I/we declare and affirm that I/we have examined this Notice of Fo Partnership, including any accompanying attachments, and that all statements contained h	reign Limite erein are tr	ed Liabil. rue and	ity correct.
Type or Print Name of Partner or Authorized Representative	Date	1 .	
Nancy L. Juron, Partner	08	20	2024
Signature of Partner or Authorized Representative			
Type or Print Name of Partner	Date		
Signature of Partner			
Type of Print Name of Partner	Date		
Signature of Partner			



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

DELAWARE, DO HEREBY CERTIFY "DELOITTE 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 SIXTH DAY OF AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DELOITTE LLP"
WAS FORMED ON THE FIFTEENTH DAY OF AUGUST, A.D. 1994.

Authentication: 203859950

Date: 08-06-21

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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:

August 26, 2021 09:49 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

