



State of Rhode Island  
**Department of State - Business Services Division**

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### Renewal of Registration of Limited Liability Partnership

DOMESTIC Limited Liability Partnership

→ Filing Fee: \$50 00

The undersigned, desiring to renew, a 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. Entity ID Number: <b>001720503</b>	2. The name of the partnership is: <b>Accardo Law Offices, LLP</b>		
3. The address of the principal office is:			
Street Address <b>311 Angell Street</b>			
City/Town <b>Providence</b>	State <b>RI</b>	Zip Code <b>02906</b>	
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			
Street Address (NOT a P.O. Box)			
City/Town	State <b>RHODE ISLAND</b>	Zip Code	
5. The name and address of all resident partners is:			
NAME	ADDRESS		
Leonard Accardo, Jr., Esq.	311 Angell Street, Providence, RI 02906		
Ericka L. Levesque, Esq.	311 Angell Street, Providence, RI 02906		
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

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6. 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

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

Practice of Law

8. 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, Esq.

Date  
02/02/2022

Signature of Resident Partner

Type or Print Name of Partner  
Leonard Accardo, Jr., Esq.

Date  
02/02/2022

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:

February 18, 2022 12:57 PM

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

Nellie M. Gorbea  
*Secretary of State*

