

## **Statement of Registration**

FOREIGN Limited Liability Partnership

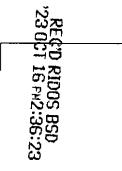
→ Filing Fee: \$150.00

Pursuant to the provisions of RIGL<u>7-12.1-1003</u>, the undersigned foreign limited liability partnership hereby applies for a Certificate of Registration to transact business in the State of Rhode Island, and for that purpose submits the following statement:

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1. The name of the limited liability partnership is:				
Johnson O'Connor Feron & Carucci, LLP				
The name, if different, which it elects to use in Rhode Island is:				
2. The partnership is organized under the laws of:	3. The date of its formation is:			
Massachusetts	12/21/2005			
4. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:				
Public Accounting Services including; Tax, Audit, and bookkeeping. Which will be preformed remotely from their home in Rhode Island.				
5. The name and address of the registered agent/office in Rhode Island is:				
Agent Name CT Corporation System				
Street Address ( <u>NOT</u> a P.O. Box) 450 Veterans Memorial Pkwy #7A				
City/Town East Providence	State RHODE ISLAND	Zip Code 02914		
6. The Department of State is appointed the agent of the foreign partnership for service of process if, at any time, there is no registered agent or if the registered agent cannot be found or served following the exercise of reasonable diligence.				
7. The address, if applicable, of the office required to be maintained in the state or country of its organization is:				
101 Edgewater Drive Suite 210 Wakefield, MA 01880				

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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8. The name and business address of at I	east one partner is:		
GENERAL PARTNER	BUSINESS ADDRESS		
Stephen Feron	101 Edgewater Drive Suite 210 Wakefield, MA 01880		
9. The address of the foreign partnership	s principal place of b	ousiness is	
Address 101 Edgewater Drive Suite	210		
City/Town Wakefield	, <u></u>	State MA	Zip Code 01880
10. This application must be accompanied formation dated within 60 days of the date		Good Standing/Let	ter of Status from the state or country of
11. Date when this Statement of Registrat	tion for a partnership	will be effective: C	CHECK ONE BOX ONLY
Date recieved (upon filing)			
Later effective date (date must b	e no more than 90 d	lays from the date	of filing)
12 Under penalty of penjury, I declare and accompanying attachments, and that all s	d affirm that I have e	xamined this State	ment of Registration, including any
Type or Print Name of Partner			Date
Stephen Feron			9/14/2023
Signature of Partner MAA 1	h		

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The Commonwealth of Massachusetts Secretary of the Commonwealth

State House, Boston, Massachusetts 02133

William Francis Galvin Secretary of the Commonwealth

October 2, 2023

TO WHOM IT MAY CONCERN:

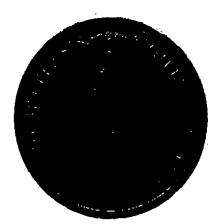
I hereby certify that a certificate of registration of Limited Liability Partnership was filed in this office by

## JOHNSON O'CONNOR FERON & CARUCCI LLP

in accordance with the provisions of Massachusetts General Laws Chapter 108A on **December 21, 2005**.

I also certify that said Limited Liability Partnership has filed all reports due and paid all fees with respect to such reports; that said registration has not been withdrawn; that there are no proceedings presently pending under the Massachusetts General Laws Chapter 108A, § 45 for revocation of said Limited Liability Partnership's authority to transact business in the Commonwealth; and that, so far as appears of record, said Limited Liability Partnership has legal existence and is in good standing with this office.

I further certify that the names of the partners authorized with respect to real property listed in the most recent filing are: JOHN CARUCCI, KRISTINE FITZGERALD, STEPHEN FERON, RACHEL RETOS, KRISTOPHER HEBERT, DAVID MARRONCELLI, DOUGLAS THORPE, RICHARD O'CONNOR



Processed By:IL

In testimony of which, I have hereunto affixed the Great Seal of the Commonwealth on the date first above written.

Villian Tranino Stelieur

Secretary of the Commonwealth

State of Rhode Island Department of State | Office of the Secretary of State Gregg M. Amore, Secretary of State

I, GREGG M. AMORE, 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:

October 16, 2023 02:36 PM

Treng M. Course

Gregg M. Amore Secretary of State

