	State of Rhode Office of the Secreta		ee: \$50.00
	Division Of Busines 148 W. River S Providence RI 029	s Services treet	
1636	(401) 222-30	40	
Limited Liability Partnership Annual Report Filing Period: February 1 - May 1			
In accordance with R.I.G.L. 7-12.1-913(e), each partnership failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-12.1-913(c&d)) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024			
1. ID No. <u>001720728</u>			
2. Exact Name of the Partnership SHIPMAN & GOODWIN LLP			
3. State of Formation			
State: <u>CT</u>			
NAICS CODE			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
<u>541110</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
PRACTICE OF LAW			
5. Principal Office Address			
No. and Street: ONE CONSTITUTION PLAZA			
City or Town: HARTFORD State: CT Zip: 06103-1919 Country: USA			
6. The name and business address of one or more partner(s):			
Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Co	untry
7. This report must be executed by an Authorized Representative pursuant to R.I.G.L. 7-12.1.			

Signed this 19 Day of March, 2024 at 4:02:30 PM by the authorized person. This electronic

signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the partnership, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-12.1

By LEANDER A. DOLPHIN, MANAGING PARTNER

Signature of Authorized Person

Form No. 643 Revised 10/23

© 2007 - 2024 State of Rhode Island All Rights Reserved