Filing Fee: \$100.00 For Each Partner Not to Exceed \$2,500.00

ID	Number:	136215	

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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615

LIMITED LIABILITY PARTNERSHIP

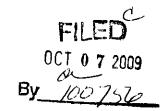
APPLICATION FOR REGISTERED LIMITED LIABILITY PARTNERSHIP

Pursuant to the provisions of Section 7-12-56 of the General Laws of Rhode Island, 1956, as amended, the undersigned

pa Isi	rtnership hereby applies to become or continue as a Registered Limited Liability Partnership in the state of Rhode and and for that purpose submits the following statement:
	(Check one box only)
	New <u>or</u> ✓ Renewal
1.	The name of the Registered Limited Liability Partnership is:
	CHARLAND, MARCIANO & COMPANY, CPA's, LLP
	(The name must include the words "registered limited liability partnership" or the abbreviation "L.L.P." or "LLP" as the last words or letters of its name.)
2.	The address of its principal office is:
	18 Imperial Place; Suite 1G Providence, RI 02903
3.	If the partnership's principal office is not located in this state, the address of a registered office and the name and address of a registered agent for service of process in the state of Rhode Island which a partnership shall be required to maintain:
4.	The names and addresses of all resident partners:
	Name Residence Address
	William F. Charland 64 Deerfield Road; North Scituate, RI 02857
	Alfred T. Marciano 11 Broadview Avenue; Warwick, RI 02889
	Richard D. Morrocco, Jr. 55 Belvedere Drive; Cranston, RI 02920
	Christine M. McLacken 20 Milburn Road; East Providence, RI 02914

(If more space is required, please list on separate attachment)

Form No. 500 Revised: 12/05



	18 Imperial Place; Suite 1G Providence, RI 02903
	business in which the partnership is engaged:
To engage in the p	actice of public accounting and for all other purposes associated therewith.
 This application has bee execute an application. 	n executed by a majority in interest of the partners or by one (1) or more partners authorized to
	Under penalty of perjury, I/we declare and affirm that I/we have
1 1 2	examined this Application for Registered Limited Liability Partnership
Date: 10/2/09	examined this Application for Registered Limited Liability Partnership including any accompanying attachments, and that all statement
ate: 10 2 159	examined this Application for Registered Limited Liability Partnership including any accompanying attachments, and that all statement contained herein are true and correct.
Date: 10 2 59	examined this Application for Registered Limited Liability Partnership including any accompanying attachments, and that all statement contained herein are true and correct. CHARLAND, MARCIANO & COMPANY, CPA's, LLP
Date: 10 2 59	examined this Application for Registered Limited Liability Partnership including any accompanying attachments, and that all statement contained herein are true and correct. CHARLAND, MARCIANO & COMPANY, CPA's, LLP Print Exact Name of Partnership Making Application
Date: 10 2 59	examined this Application for Registered Limited Liability Partnershi including any accompanying attachments, and that all statemen contained herein are true and correct. CHARLAND, MARCIANO & COMPANY, CPA's, LLP Print Exact Name of Partnership Making Application By:

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Renewal Application for Registered Limited Liability Partnership CHARLAND, MARCIANO & COMPANY, CPA's, LLP

4. The names and addresses of all resident Partners, continued:

Name Timothy J. Murray Residence Address
424 Benefit Street, Providence RI 02903



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, 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:

A. RALPH MOLLIS

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Secretary of State

