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

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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

partnership hereby applies to become or continue as a Registered Limited Liability Partnership in the state of Rhode Island and for that purpose submits the following statement:

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 (Check one box only) 1. The name of the Registered Limited Liability Partnership is: CHAVES AND SWEET, ATTORNEYS AT LAW, 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: 113832, NORTH PROVIDENCE RI 02911 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: Residence Address Name MEADOW OR, WARWICK, SWEET please list on separate attachment) (If more space is require

Form No. 500 Revised: 12/05

5.		st the place where the business records of the partnership are maintained; or, if more than one location for business cords is maintained, list the principal place of business of the partnership:					
	91 FINCH AVE. PAWTUCK	T, RI 02860					
6.	A brief statement of the business in	which the partnership is engaged:					
	LEGAL CONSULTATION, L	TTT6AT18~					
7.	This application has been executed execute an application.	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 examined this Application for Registered Limited Liability Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.					
D	ate: <u>03/03/2012</u>	Print Exact Name of Partnership Making Application					
		By: Thines					
		Ву:					
		Ву:					
		Ву:					



## 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

A. Japa 1. eeio

Secretary of State

