

Filing Fee: \$1000.00



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2014 DEC 17 AM 8:44

LIMITED LIABILITY PARTNERSHIP

**NOTICE OF
FOREIGN REGISTERED LIMITED LIABILITY PARTNERSHIP**

Pursuant to the provisions of Section 7-12-59 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign Registered Limited Liability Partnership hereby submits notice of its intent to transact business in the state of Rhode Island and for that purpose makes the following statement:

1. The name of the foreign Registered Limited Liability Partnership is:

Melick & Porter, LLP

(The name must include the words "registered limited liability partnership" or the abbreviation "L.L.P." or "LLP" or such other similar words or abbreviations as may be required or authorized by the laws of the state where the partnership is registered, as the last words or letters of its name.)

2. The jurisdiction, the laws of which govern its partnership agreement and under which it is registered as a Limited Liability Partnership, is:

Massachusetts

3. The address of its principal office is:

One Liberty Square, 7th Floor

Boston MA 02109

4. 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 the partnership shall be required to maintain:

Robert P. Powers, Managing Partner

Melick & Porter, LLP 49 Weybosset Street, Providence RI 02903

5. The names and addresses of all resident partners in this state:

<u>Name</u>	<u>Residence Address</u>
John A. Caletri	49 Weybosset Street, Providence RI 02903
T. Dos Urbanski	49 Weybosset Street, Providence RI 02903

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

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

Practice of Law

7. Any other information that the partnership determines to include:

8. The partnership is a Registered Limited Liability Partnership.

Under penalty of perjury, I/we declare and affirm that I/we have examined this Notice of Foreign Registered Limited Liability Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: 11/07/2014

Melick & Porter, LLP

Print Exact Name of Partnership Making Application

By: *Robert R. Bowen*
MANAGING PARTNER
By: _____
By: _____
By: _____



The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

William Francis Galvin
Secretary of the
Commonwealth

December 2, 2014

TO WHOM IT MAY CONCERN:

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

MELICK & PORTER, LLP

in accordance with the provisions of Massachusetts General Laws Chapter 108A on **January 22, 1996**.

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 or revoked; 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: **ROBERT P. POWERS**



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

William Francis Galvin

Secretary of the Commonwealth



State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

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 handwritten signature in black ink that reads "A. Ralph Mollis".

A. RALPH MOLLIS

Secretary of State

