

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

ID Number: _____



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

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SECRETARY OF STATE
CORPORATIONS DIV
2015 FEB - 5 AM 10:26

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 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:

(Check one box only)

☒ New or ☐ Renewal

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

Casten, Victor & Company, 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:

97 John Clarke Road, Middletown, RI 02842

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:

<u>Name</u>	<u>Residence Address</u>
<u>Richard J Casten</u>	<u>101 Goulart Lane, Portsmouth, RI 02871</u>
<u>Robert E Victor</u>	<u>116 Carriage Drive, Portsmouth, RI 02871</u>
_____	_____
_____	_____

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

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5. List the place where the business records of the partnership are maintained; or, if more than one location for business records is maintained, list the principal place of business of the partnership:

97 John Clarke Road, Middletown, RI 02842

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

Accounting Practice

7. This application has been executed by a majority in interest of the partners or by one (1) or more partners authorized to execute an application.

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.

Date: February 4, 2015

Casten, Victor & Company, LLP

Print Exact Name of Partnership Making Application

By: Robert E. Victor

By: _____

By: _____

By: _____