

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

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2016 JAN -4 PM 12: 16

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:

Levy & Blackman 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:

469 Angell Street , Suite 2, Providence, RI 02906

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>
Jeffrey L. Levy	170 Brown Street, Providence RI 02906
Charles D. Blackman	17 Leicester Way, Pawtucket, RI 02860

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

FILED

JAN 04 2016

By ALISO

A.A. 12:16p.m.

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:

469 Angell Street, Suite 2, Providence, RI 02906

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

Practice of Law

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.

Levy & Blackman LLP

Print Exact Name of Partnership Making Application

Date

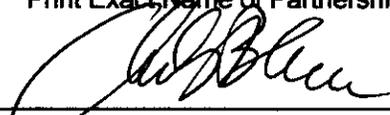
January 4, 2018

By:

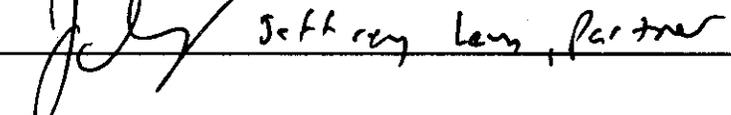
By:

By:

By:



Charles Blackman, Partner



Jeffrey Lewis, Partner



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/30/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Amity Insurance Agency, Inc. 500 Victory Rd. Marina Bay North Quincy MA 02171	CONTACT NAME: Justin Kesner
	PHONE (A/C, No, Ext): (617) 471-1220 FAX (A/C, No): (617) 479-5147 E-MAIL ADDRESS: jkesner@amityins.com
INSURED Levy & Blackman LLP 469 Angell St Suite 2 Providence RI 02906	INSURER(S) AFFORDING COVERAGE
	INSURER A: Hanover Insurance Group, Inc.
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:

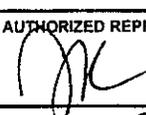
COVERAGES **CERTIFICATE NUMBER:** CL15123032031 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Lawyer's Professional Liability Insurance		LHNA42319900	9/16/2015	9/16/2016	Each Claim 1,000,000 Aggregate 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
THIS IS A "CLAIMS MADE" POLICY. COVERAGE IS IN FORCE DURING THE POLICY PERIOD NOTED ON THIS CERTIFICATE.

DEDUCTIBLE IS \$5,000

CERTIFICATE HOLDER Proof of Coverage for Insured	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, 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 blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea
Secretary of State

