

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

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:

Champagne and Ink, 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:

2 Friendship Street, Newport, RI 02840

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
<u>Ellen PJ Kelly</u>	<u>2 Friendship Street, Newport, RI 02840</u>
<u>Danielle M McCarthy</u>	<u>54 Berkeley Court, Middletown, RI 02842</u>

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

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CORPORATIONS DIV
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FILED

JAN 25 2016

By Alexandra

A.A. 12:58p.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:

2 Friendship Street, Newport, RI 02840

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

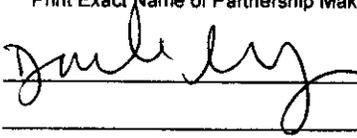
Event design, graphic design, Letterpress printing.

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: 1/19/16

Danielle Marie McCarthy
Print Exact Name of Partnership Making Application

By: 
By: _____
By: _____
By: _____



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

