



State of Rhode Island and Providence Plantations
 Department of State - Business Services Division
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2016 APR 15 AM 11:36

Renewal of
Registration of Limited Liability Partnership
Limited Liability Partnership
 Filing Fee: \$100.00 for EACH Partner
 (not to exceed \$2500.00)

The undersigned, desiring to form, a new limited liability partnership under and by virtue of the powers conferred by RIGL 7-12-56, do execute the following Registration of Limited Liability Partnership:

1. The name of the limited liability partnership shall be:		
Liberati & Peretti, LLP # 16332		
2. The address of the principal office is:		
Street Address 1536 Westminster Street		
City/Town Providence	State Rhode Island	Zip Code 02909
3. If the partnership's principal office is not located in Rhode Island, the name and address of the initial registered agent/office in Rhode Island is:		
Agent Name		
Street Address (NOT a P.O. Box)		
City/Town	State RHODE ISLAND	Zip Code
4. The name and address of all resident partners is:		
NAME	ADDRESS	
Mark E. Liberati	2 Old Walcott Avenue, Jamestown, RI 02835	
Robert A. Peretti	45 Bicentennial Way, North Providence, RI 02911-1333	
Check the box to indicate an attachment. <input type="checkbox"/>		

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By 272 398

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:

Street Address
1536 Westminster Street

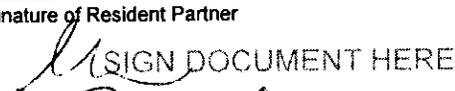
City/Town Providence	State RI	Zip Code 02909
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6. A brief statement of the business in which the partnership is engaged:

General 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 Certificate of Limited Liability Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.

Signature of Resident Partner  SIGN DOCUMENT HERE	Type or Print Name of Partner Mark E. Liberati	Date 04/08/16
Signature of Resident Partner  SIGN DOCUMENT HERE	Type or Print Name of Partner Robert A. Peretti	Date 04/08/16
Signature of Resident Partner SIGN DOCUMENT HERE	Type or Print Name of Partner	Date

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.



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

