



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

RECEIVED
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)

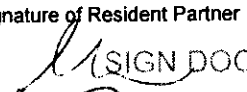

The undersigned, desiring to form, a new limited liability partnership under and by virtue of the powers conferred by RIGL 7-12-56, do execute the following Registration of Limited Liability Partnership:

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"/>		

FILED

APR 15 2016 11:36

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
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.		
<i>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.</i>		
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.