



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 MAY 13 AM 11:47

**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. Entity ID Number:	2. The name of the corporation is:		
792007	Kiernan, Plunkett & Redihan, LLP		
2. The address of the principal office is:			
Street Address 91 Friendship Street			
City/Town Providence	State Rhode Island	Zip Code 02903	
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	
Leonard A. Kiernan, Jr.		31 Cypress Court, East Greenwich, RI 02818	
Thomas C. Plunkett		10 Pricewood Drive, East Greenwich, RI 02818	
Charles N. Redihan, Jr.		163 Terrace Avenue, Cumberland, RI 02864	
Check the box to indicate an attachment. <input type="checkbox"/>			

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 MAY 13 2016  
 BY JP 274235

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

**91 Friendship Street**

City/Town

**Providence**

State

**RI**

Zip Code

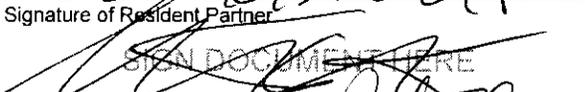
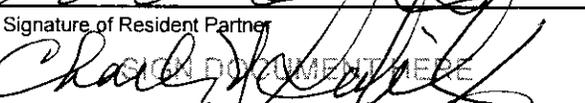
**02903**

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 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 <b>Leonard A. Kiernan, Jr.</b>	Date <b>5/5/16</b>
Signature of Resident Partner  SIGN DOCUMENT HERE	Type or Print Name of Partner <b>Thomas C. Plunkett</b>	Date <b>5/5/16</b>
Signature of Resident Partner  SIGN DOCUMENT HERE	Type or Print Name of Partner <b>Charles N. Redihan, Jr.</b>	Date <b>5/5/16</b>

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](mailto: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*

