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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2016 JUN 13 AM 11:37
SECRETARY OF STATE
CORPORATIONS DIV

Renewal of
Registration of Limited Liability Partnership
Domestic 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 partnership is:	
133264	**LEWISS LAW ASSOCIATES, LLP**	
3. The address of the principal office is:		
Street Address **79 FRANKLIN STREET**		
City/Town **WESTERLY**	State **RHODE ISLAND**	Zip Code **02891**
4. 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 **N/A**		
Street Address (NOT a P.O. Box)		
City/Town	State **RHODE ISLAND**	Zip Code

5. The name and address of all resident partners is:

NAME	ADDRESS
MATTHEW L. LEWISS	**15 KETTLE CLOSE, #54, WESTERLY, RHODE ISLAND 02891**
PETER L. LEWISS	**26 WINDWARD DRIVE, WESTERLY, RHODE ISLAND 02891**

Check the box to indicate an attachment. ☐

FILED
JUN 13 2016
BY 2276514

Form No. 500A
Revised: 2016

6. 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 **79 FRANKLIN STREET**

City/Town	State	Zip Code
WESTERLY	**RHODE ISLAND**	**02891**

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

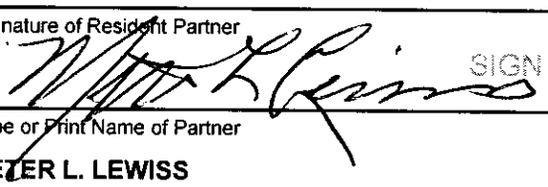
THE PARTNERSHIP IS ENGAGED IN THE GENERAL PRACTICE OF LAW

8. 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.

Type or Print Name of Partner	Date
MATTHEW L. LEWISS	**6/3/2016**

Signature of Resident Partner



Type or Print Name of Partner	Date
PETER L. LEWISS	**6/3/2016**

Signature of Resident Partner

Type or Print Name of Partner	Date

Signature of Resident Partner

SIGN DOCUMENT HERE

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:

June 13, 2016 11:37 AM

Nellie M. Gorbea
Secretary of State

138010-1-627647