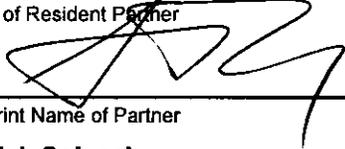
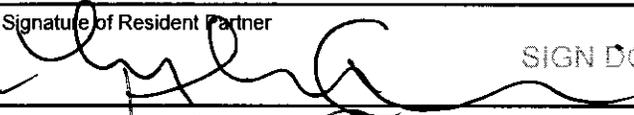
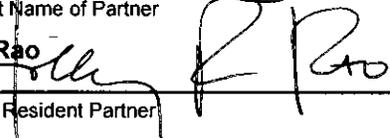


6. List the place where the business records of the partnership are maintained; or, if more than one location for business records is maintained, list the principal place of business of the partnership:		
Street Address 530 Greenwich Avenue		
City/Town Warwick	State RI	Zip Code 02886
7. A brief statement of the business in which the partnership is engaged: 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.		
<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>		
Type or Print Name of Partner Joseph F. Penza, Jr.	Date 12/15/14	
Signature of Resident Partner  SIGN DOCUMENT HERE		
Type or Print Name of Partner Michael J. Colucci	Date 12-5-16	
Signature of Resident Partner  SIGN DOCUMENT HERE		
Type or Print Name of Partner Holly R. Rao	Date 12-5-16	
Signature of Resident Partner  SIGN DOCUMENT HERE		

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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

