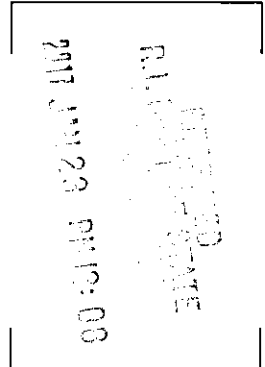




State of Rhode Island and Providence Plantations
Department of State - Business Services Division



Renewal of Registration of Limited Liability Partnership

DOMESTIC Limited Liability Partnership

→ Filing Fee: \$50.00

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: 000905591		2. The name of the partnership is: D'Amico-Burchfield, LLP	
3. The address of the principal office is:			
Street Address 536 Atwells Avenue			
City/Town Providence		State RI	Zip Code 02909
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			
Street Address (<u>NOT</u> a P.O. Box)			
City/Town		State RHODE ISLAND	Zip Code
5. The name and address of all resident partners is:			
NAME		ADDRESS	
Robert A. D'Amico II		536 Atwells Avenue, Providence RI 02909	
James V. Burchfield, Jr.		536 Atwells Avenue, Providence RI 02909	
Check the box to indicate an attachment. <input type="checkbox"/>			

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
JAN 23 2017
By 293828

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

536 Atwells Avenue

City/Town

Providence

State

RI

Zip Code

02909

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

Legal Services - To engage in the 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.

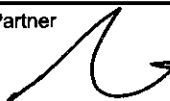
Type or Print Name of Partner

Robert A. D'Amico II

Date

1.19.17

Signature of Resident Partner



SIGN DOCUMENT HERE

Type or Print Name of Partner

James V. Burchfield, Jr.

Date

1.19.17

Signature of Resident Partner



SIGN DOCUMENT HERE

Type or Print Name of Partner

Date

Signature of Resident Partner

SIGN DOCUMENT HERE



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:

Nellie M. Gorbea
Secretary of State

