



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


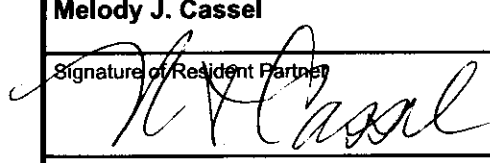

The undersigned, desiring to form, a new limited liability partnership under and by virtue of the powers conferred by RIGL 7-12-56, do execute the following

Registration of Limited Liability Partnership:

1. Entity ID Number: 000797274		2. The name of the partnership is: Cassel & Angell, Attorneys at Law, LLP	
3. The address of the principal office is:			
Street Address 206 Station Street			
City/Town Coventry		State RI	Zip Code 02816
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 (NOT a P.O. Box)			
City/Town		State RHODE ISLAND	Zip Code
5. The name and address of all resident partners is:			
NAME		ADDRESS	
Raymond J. Angell III		206 Station Street, Coventry, RI 02816	
Melody J. Cassel		206 Station Street, Coventry, RI 02816	
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

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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 206 Station Street		
City/Town Coventry	State RI	Zip Code 02816
7. A brief statement of the business in which the partnership is engaged: 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 Raymond J. Angell III		Date 2/4/17
Signature of Resident Partner 		
Type or Print Name of Partner Melody J. Cassel		Date 2/4/17
Signature of Resident Partner 		
Type or Print Name of Partner 		Date
Signature of Resident Partner		



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

