



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

FILED
 2017 FEB 14 PM 1:08
 STATE

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: 505068	2. The name of the partnership is: Belliveau & St. Sauveur, LLP
3. The address of the principal office is:	
Street Address 450 Veterans Memorial Parkway	
City/Town East Providence	State RI
Zip Code 02914	
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
James J. Belliveau	450 Veterans Memorial Pkwy., E. Providence, RI 02914
Jeffrey A. St. Sauveur	450 Veterans Memorial Pkwy., E. Providence, RI 02914
Christopher J. Montalbano	450 Veterans Memorial Pkwy., E. Providence, RI 02914
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 **450 Veterans Memorial Parkway**

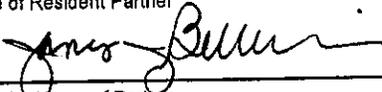
City/Town East Providence	State RI	Zip Code 02914
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7. A brief statement of the business in which the partnership is engaged:
Practice of law.

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 James J. Belliveau	Date 2.13.17
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Signature of Resident Partner 	SIGN DOCUMENT HERE
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Type or Print Name of Partner	Date
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Signature of Resident Partner	SIGN DOCUMENT HERE
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Type or Print Name of Partner	Date
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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

