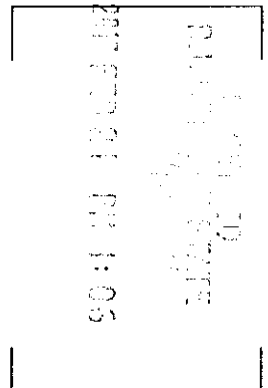




State of Rhode Island and Providence Plantations
Department of State - Business Services Division



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:		2. The name of the partnership is: Adam Financial LLP	
3. The address of the principal office is:			
Street Address 41 Long Wharf Mall			
City/Town Newport		State RI	Zip Code 02840
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 Jeffrey C. Adam			
Street Address (<u>NOT</u> a P.O. Box) 41 Long Wharf Mall			
City/Town Newport		State RHODE ISLAND	Zip Code 02840
5. The name and address of all resident partners is:			
NAME		ADDRESS	
Jeffrey C. Adam		41 Long Wharf Mall, Newport, RI 02840	
Joanne R. Adam		41 Long Wharf Mall, Newport, RI 02840	
Check the box to indicate an attachment. ☐			

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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A.A.I. Depm

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
41 Long Wharf Mall

City/Town
Newport

State
RI

Zip Code
02840

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

An office of Certified Public Accountants engaged in tax preparation services, financial statement preparation and business advisory services.

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

Jeffrey C. Adam

Date

2/18/2017

Signature of Resident Partner



SIGN DOCUMENT HERE

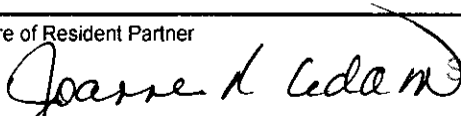
Type or Print Name of Partner

Joanne R. Adam

Date

2/18/2017

Signature of Resident Partner



SIGN DOCUMENT HERE

Type or Print Name of Partner

Date

Signature of Resident Partner

SIGN DOCUMENT HERE