



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:

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2017 FEB 22 AM 10:25

1. Entity ID Number: 000532019		2. The name of the partnership is: Sammartino & Berg LLP	
3. The address of the principal office is:			
Street Address 2639 South County Trail			
City/Town East Greenwich		State RI	Zip Code 02818
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	
Andrew Berg		95 Peaceful Lane, North Kingstown, RI 02852	
Catherine Sammartino		95 Peaceful Lane, North Kingstown, RI 02852	
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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FEB 22 2017
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A.A. 10:25 A.M.

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

2639 South County Trail

City/Town

East Greenwich

State

RI

Zip Code

02818

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

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.

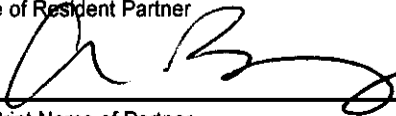
Type or Print Name of Partner

Andrew Berg

Date

2/15/2017

Signature of Resident Partner



SIGN DOCUMENT HERE

Type or Print Name of Partner

Date

Signature of Resident Partner

SIGN DOCUMENT HERE

Type or Print Name of Partner

Date

Signature of Resident Partner

SIGN DOCUMENT HERE