



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 APR -6 AM 10:03

1. Entity ID Number: 001662748		2. The name of the partnership is: Igliozi & Reis, LLP	
3. The address of the principal office is:			
Street Address 926 Park Avenue			
City/Town Cranston		State Rhode Island	Zip Code 02910
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	
David V. Igliozi		20 Legion Memorial Drive, Providence, RI 02909	
John F. Reis		65 Alpine Estates Drive, Cranston, RI 02921	
Check the box to indicate an attachment. <input type="checkbox"/>			

FILED

APR 06 2017

BY CU 300290

10:03

MAIL TO:

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

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

926 Park Avenue

City/Town

Cranston

State

Rhode Island

Zip Code

02910

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

David V. Iglioizzi

Date

12/21/16

Signature of Resident Partner



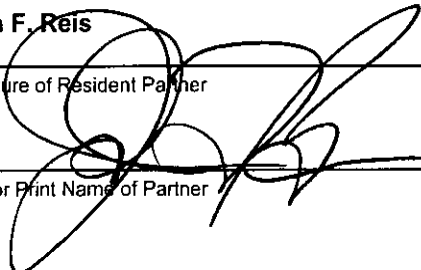
Type or Print Name of Partner

John F. Reis

Date

12/21/16

Signature of Resident Partner



Type or Print Name of Partner

Date

Signature of Resident Partner

JOHN F. REIS



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:

April 06, 2017 10:03 AM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

