



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

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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: 000929162		2. The name of the partnership is: DarrowEverett LLP	
3. The address of the principal office is:			
Street Address One Turks Head Place, 12th Floor			
City/Town Providence		State RI	Zip Code 02903
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	
Zachary G. Darrow		72 Great Road, East Greenwich, RI 02818	
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
One Turks Head Place, 12th Floor

City/Town
Providence

State
RI

Zip Code
02903

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

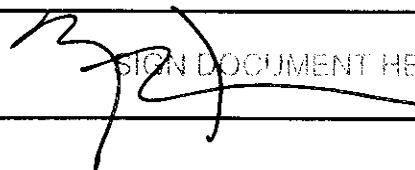
8. This application has been executed by a majority in interest of the partners or by one (1) or more partners authorized to execute an application.

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
Zachary G. Darrow

Date
4/3/17

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