



Registration of Limited Liability Partnership

DOMESTIC Limited Liability Partnership

→ Filing Fee: \$150.00

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:

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 R.I. DEPT. OF STATE
 BUS. SERVICES DIV.


1. The name of the limited liability partnership is: Chaput & Feeney LLP		
2. The address of the principal office is:		
Street Address 690 Warren Avenue		
City/Town East Providence	State RI	Zip Code 02914
3. 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
4. The name and address of all resident partners is:		
NAME	ADDRESS	
William A Feeney Jr	16 Briarwood Drive, Barrington RI 02806	
William A Feeney Jr Revocable Trust		
Dated 11-06-2013	16 Briarwood Drive, Barrington RI 02806	
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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BY KL302319
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5. 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 690 Warren Avenue		
City/Town East Providence	State RI	Zip Code 02914
6. A brief statement of the business in which the partnership is engaged: Certified Public Accounting Firm and Business Consultants		
7. 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.		
<i>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.</i>		
Type or Print Name of Partner William A Feeney Jr	Date 4-27-2017	
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		