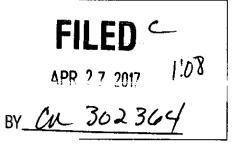
State of Rhode Island Department of	R.1.05					
Renewal of Registr DOMESTIC Limited Lia → Filing Fee: \$50.00	hip	SVC DIV				
The undersigned, desiring to form, a new limited liability partnership under and by virtue of the powers conferred by RIGL <u>7-12-56</u> , do execute the following Registration of Limited Liability Partnership:						
1. Entity ID Number:	2. The name of the partnership is:					
000941966	Murphy & Fay, LLP					
3. The address of the princi	pal office is:					
Street Address 127 Dorran	ce Street, 2nd Floor					
City/Town Providence		State RI	Zip Code 02	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 (<u>NOT</u> a P.O.	Box)					
City/Town		State	Zip Code			

	RHODE ISLAND		
5. The name and address of all	resident partners is:		
NAME	ADDRESS		
William J. Murphy	390 Wakefield Street, West Warwick, RI 02893		
Mark A. Fay	30 Romano Court, East Greenwich, RI 02818		
	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



FORM 500A - Revised: 05/2016

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 127 Dorrance Street, 2nd Floor					
City/Town Providence	State RI	Zip Code 02903			
7. A brief statement of the business in which the partnership is engaged:					
Legal 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	Date				
William J. Murphy		4/25/2017			
Signature of Resident Partner					
Luzma SIGN DOCL	JMENT HERE				
Type or Print Name of Partner		Date			
Mark A. Fay		4/25/2017			
Signature of Resident Partner SIGN DOCU	IMENT HERE				
Type or Print Name of Partner	<u> </u>	Date			
Y					
Signature of Resident Partner SIGN DOCU	MENT HERE				



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 27, 2017 01:08 PM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

