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

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:

1. The name of the limited liability partnership is:		
Bengtson & Jestings, LLP		
2. The address of the principal office is:		
Street Address 40 Westminster Street, Suite 300		
City/Town Providence	State RI	Zip Code 02903
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	
C. Russell Bengtson	46 Hillside Drive, Exeter, RI 02822	
William H. Jestings	125 Pitman Street, Apt 5A, Providence, RI 02906	
John P. McCoy	3 Grant Lane, Cumberland, RI 02864	
Patricia A. Buckley	18 Amherst Avenue, Pawtucket, RI 02860	
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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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 40 Westminster Street		
City/Town Providence	State RI	Zip Code 02903

6. A brief statement of the business in which the partnership is engaged:
Practice of law and all related business

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.

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 John P. McCoy	Date 6/21/17
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Signature of Resident Partner
John P. McCoy SIGN DOCUMENT HERE

Type or Print Name of Partner	Date
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Signature of Resident Partner
SIGN DOCUMENT HERE

Type or Print Name of Partner	Date
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Signature of Resident Partner
SIGN DOCUMENT 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:

June 21, 2017 11:43 AM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea
Secretary of State

