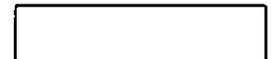




State of Rhode Island and Providence Plantations
Department of State - Business Services Division



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:

STAMP
 RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2017 DEC 18 3:34 PM

1. Entity ID Number: 001659999		2. The name of the partnership is: Accardo Law Offices, LLP	
3. The address of the principal office is:			
Street Address 311 Angell Street			
City/Town Providence	State RI	Zip Code 02906	
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	
Ericka L. Levesque		186 Mountain Laurel Drive, Cranston, RI 02920	
Leonard Accardo, Jr.		311 Angell Street, Providence, RI 02906	
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

FILED STAMP
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 BY 300057
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 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 **311 Angell Street**

City/Town Providence	State RI	Zip Code 02906
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7. A brief statement of the business in which the partnership is engaged:

Legal Services

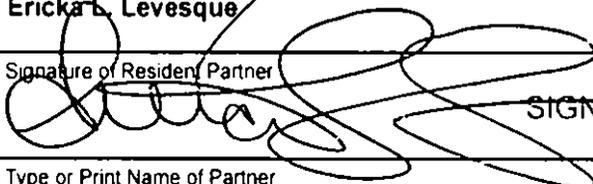
8. This application has been executed by a majority in interest of the partners or by one (1) or more partners authorized to execute an application.

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 Leonard Accardo, Jr.	Date 12/18/17
--	-------------------------

Signature of Resident Partner  **SIGN DOCUMENT HERE**

Type or Print Name of Partner Ericka L. Levesque	Date 12/18/17
--	-------------------------

Signature of Resident Partner  **SIGN DOCUMENT HERE**

Type or Print Name of Partner	Date
-------------------------------	------

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:

December 18, 2017 03:34 PM

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

Nellie M. Gorbea
Secretary of State

