



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:

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

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. ☐			

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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DEC 18 2017

BY **300057**

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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

311 Angell Street

City/Town

Providence

State

RI

Zip Code

02906

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.

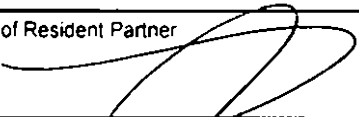
Type or Print Name of Partner

Leonard Accardo, Jr.

Date

12/18/17

Signature of Resident Partner

 SIGN DOCUMENT HERE

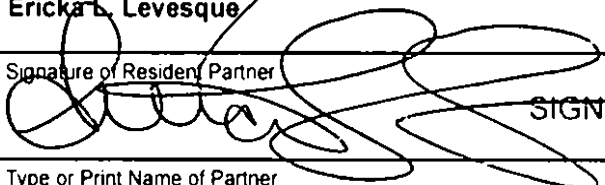
Type or Print Name of Partner

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