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

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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:

1. Entity ID Number:	2. The name of the partnership is:
001659999	**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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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**

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: **Erick 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

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.