



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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CORPORATIONS DIV
2017 DEC 28 PM 1:12

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: 887536		2. The name of the partnership is: BREWSTER THORNTON GROUP ARCHITECTS, LLP	
3. The address of the principal office is:			
Street Address 150 Chestnut Street			
City/Town Providence		State RI	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 RHODE ISLAND	Zip Code
5. The name and address of all resident partners is:			
NAME		ADDRESS	
Mary Dorsey Brewster		150 Chestnut Street Providence, Rhode Island 02903	
Barbara J. Thornton		150 Chestnut Street Providence, Rhode Island 02903	
Nathaniel Ginsburg		150 Chestnut Street Providence, Rhode Island 02903	
Patrick M. Connors		150 Chestnut Street Providence, Rhode Island 02903	
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

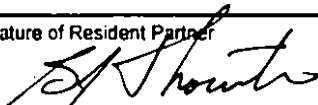
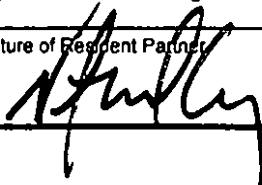
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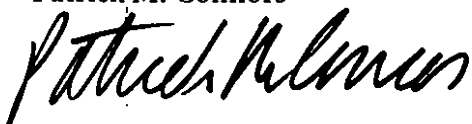
DEC 28 2017

FORM 500A - Revised: 05/2016

BY **320723**

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 150 Chestnut Street		
City/Town Providence	State RI	Zip Code 02903
7. A brief statement of the business in which the partnership is engaged: GENERAL PRACTICE OF ARCHITECTURAL 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 Mary Dorsey Brewster		Date 12/28/17
Signature of Resident Partner  SIGN DOCUMENT HERE		
Type or Print Name of Partner Barbara J. Thornton		Date 12/26/2017
Signature of Resident Partner  SIGN DOCUMENT HERE		
Type or Print Name of Partner Nathaniel J. Ginsburg		Date 12/27/2017
Signature of Resident Partner  SIGN DOCUMENT HERE		

Patrick M. Connors



12/27/17