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:
887536	**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 (NOT 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

STAMP

FILED

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BY 320723

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 **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 Mary Dorsey Brewster 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

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.