



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

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 CORPORATIONS DIV  
 2018 JAN -2 PM 1:05  
 STA. 101

**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: <b>1671151</b>		2. The name of the partnership is: <b>Adam Financial LLP</b>	
3. The address of the principal office is:			
Street Address <b>41 Long Wharf Mall</b>			
City/Town <b>Newport</b>	State <b>RI</b>	Zip Code <b>02840</b>	
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 <b>RHODE ISLAND</b>	Zip Code	
5. The name and address of all resident partners is:			
NAME		ADDRESS	
<b>Jeffrey C. Adam</b>		<b>41 Long Wharf Mall, Newport, RI 02840</b>	
<b>Joanne R. Adam</b>		<b>41 Long Wharf Mall, Newport, RI 02840</b>	
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

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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  
**41 Long Wharf Mall**

City/Town  
**Newport**

State  
**RI**

Zip Code  
**02840**

7. A brief statement of the business in which the partnership is engaged:

**An office of Certified Public Accountants engaged in tax preparation services, financial statement preparation and business advisory 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.*

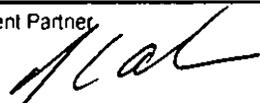
Type or Print Name of Partner

**Jeffrey C. Adam**

Date

**12/28/17**

Signature of Resident Partner



SIGN DOCUMENT HERE

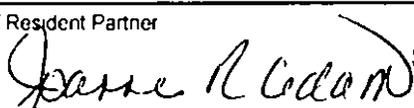
Type or Print Name of Partner

**Joanne R. Adam**

Date

**12/28/17**

Signature of Resident Partner



SIGN DOCUMENT HERE

Type or Print Name of Partner

Date

Signature of Resident Partner

SIGN DOCUMENT HERE