



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

**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>137192</b>		2. The name of the partnership is: <b>POORE &amp; ROSENBAUM LLP</b>	
3. The address of the principal office is:			
Street Address <b>30 Exchange Terrace</b>			
City/Town <b>Providence</b>		State <b>RI</b>	Zip Code <b>02903</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 ( <u>NOT</u> 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>William A. Poore</b>		<b>52 Brayton Avenue; Smithfield, RI 02917</b>	
<b>Steven I. Rosenbaum</b>		<b>18 Bancroft Avenue, 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

**FILED**

JAN 02 2018

 BY **300952**  
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 FORM 600A (Revised 05/2016)

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 CORPORATIONS DIV  
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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

30 Exchange Terrace

City/Town

Providence

State

RI

Zip Code

02903

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

To maintain and operate a Law firm.

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.*

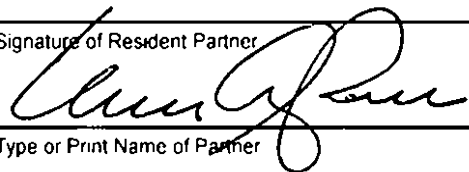
Type or Print Name of Partner

William A. Poore

Date

01/02/2018

Signature of Resident Partner



SIGN DOCUMENT HERE


Type or Print Name of Partner

Steven I. Rosenbaum

Date

01/02/2018

Signature of Resident Partner



SIGN DOCUMENT HERE

Type or Print Name of Partner

Date

Signature of Resident Partner

SIGN DOCUMENT HERE



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly executed in  
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as  
amended, has been filed in this office on this day:

January 02, 2018 02:48 PM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

