



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

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CORPORATIONS DIV

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# Registration of Limited Liability Partnership

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DOMESTIC Limited Liability Partnership

→ Filing Fee: \$50.00

FOR  
SECRETARY OF STATE  
USE ONLY

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:  Fontaine Bell, LLP	
3. The address of the principal office is:			
Street Address One Davol Square, PH			
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	
Brandon S. Bell		One Davol Square, PH, Providence, RI 02903	
Michael P. Fontaine		One Davol Square, PH, Providence, RI 02903	
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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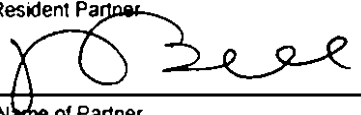
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FOR  
SECRETARY OF STATE  
USE ONLY

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 <b>One Davol Square, PH</b>		
City/Town <b>Providence</b>	State <b>RI</b>	Zip Code <b>02903</b>
7. A brief statement of the business in which the partnership is engaged: <b>Practice of Law</b>		
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.		
<i>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.</i>		
Type or Print Name of Partner <b>Brandon S. Bell</b>	Date <b>January 8, 2018</b>	
Signature of Resident Partner  SIGN DOCUMENT HERE		
Type or Print Name of Partner	Date	
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 09, 2018 10:18 AM

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*

