



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

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2017 DEC 28 AM 9:42

## Notice of Registration

FOREIGN Limited Liability Partnership

→ Filing Fee: \$1,000.00

The undersigned, foreign registered limited liability partnership in accordance with RIGL 7-12-59, submits notice of its intent to transact business in the state of Rhode Island and for that purpose makes the following statement:

1. The name of the foreign limited liability partnership shall be:		
<b>Zimmer Gunsul Frasca Architects LLP</b>		
The name, if different, under which it proposes to register and transact business in Rhode Island is:		
2. The jurisdiction, the laws of which govern its partnership agreement and under which it is registered as a Limited Liability Partnership, is:		
<b>Oregon</b>		
3. The address of the principal office is:		
Address <b>1223 SW Washington St. Suite 200</b>		
City/Town <b>Portland</b>	State <b>OR</b>	Zip Code <b>97205</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 <b>CT Corporation System</b>		
Street Address (NOT a P.O. Box) <b>450 Veterans Memorial Parkway - Suite 7A</b>		
City/Town <b>East Providence</b>	State <b>RHODE ISLAND</b>	Zip Code <b>02914</b>

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**MAIL TO:**  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)

**FILED**

**JAN 09 2018**

BY 321395  
A.A. 11:51 A.M.

5. The name and address of all resident partners in Rhode Island is:

NAME	ADDRESS

Check the box to indicate an attachment. ☐

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

**Architecture, planning, and interior design**

Check the box to indicate an attachment. ☐

7. Any other information that the partnership determines to include:

Check the box to indicate an attachment. ☐

8. The partnership is a Registered Limited Liability Partnership. The notice shall be effective for 2 (two) years from the date of filing. Upon expiration the Foreign Limited Liability Partnership is responsible for filing a new notice.

*Under penalty of perjury, I/we declare and affirm that I/we have examined this Notice of Foreign Limited Liability Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.*

Type or Print Name of Partner

Jan Carl Willemse

Date

12/19/17

Signature of Partner

*Jan Carl Willemse* SIGN DOCUMENT HERE

Type or Print Name of Partner

Date

Signature of Partner

SIGN DOCUMENT HERE

Type or Print Name of Partner

Date

Signature of Partner

SIGN DOCUMENT HERE

# State of Oregon

OFFICE OF THE SECRETARY OF STATE  
Corporation Division

## Certificate of Existence 640Z875P3

I, DENNIS RICHARDSON, SECRETARY OF STATE, and Custodian of the Seal of said State, do hereby certify:

**ZIMMER GUNSUL FRASCA ARCHITECTS LLP**

is

Registered

*under the laws of The State of Oregon*

*and is active on the records of the Corporation Division as of the date of this certificate.*

*In Testimony Whereof, I have hereunto set  
my hand and affixed hereto the Seal of the  
State of Oregon.*



A handwritten signature in cursive script, reading 'Dennis Richardson', is written over a horizontal line.

DENNIS RICHARDSON, SECRETARY OF STATE

12/22/2017

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