



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:<br><b>000905591</b>                                                                                                                 |  | 2. The name of the partnership is:<br><b>D'Amico - Burchfield, LLP</b> |                          |
| 3. The address of the principal office is:                                                                                                               |  |                                                                        |                          |
| Street Address<br><b>536 Atwells Avenue</b>                                                                                                              |  |                                                                        |                          |
| City/Town<br><b>Providence</b>                                                                                                                           |  | State<br><b>RI</b>                                                     | Zip Code<br><b>02909</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<br><b>RHODE ISLAND</b>                                           | Zip Code                 |
| 5. The name and address of all resident partners is:                                                                                                     |  |                                                                        |                          |
| NAME                                                                                                                                                     |  | ADDRESS                                                                |                          |
| <b>Robert A. D'Amico II</b>                                                                                                                              |  | <b>536 Atwells Avenue, Providence RI 02909</b>                         |                          |
| <b>James V. Burchfield, Jr.</b>                                                                                                                          |  | <b>536 Atwells Avenue Providence RI 02909</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](http://www.sos.ri.gov)

**FILED**

JAN 10 2018

BY *apb* 321478

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  
**536 Atwells Avenue**

City/Town  
**Providence**

State  
**RI**

Zip Code  
**02909**

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

**Legal Services - To engage in the practice of law.**

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.*

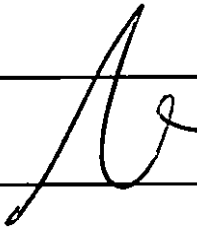
Type or Print Name of Partner

**Robert A. D'Amico II**

Date

**1.5.18**

Signature of Resident Partner

 SIGN DOCUMENT HERE

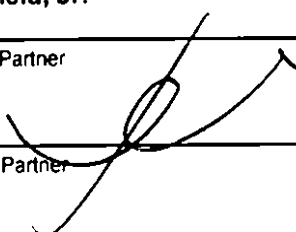
Type or Print Name of Partner

**James V. Burchfield, Jr.**

Date

**1.5.18**

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 10, 2018 11:24 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*

