



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

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2018 JAN 31 AM 11:35
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Registration of Limited Liability Partnership
DOMESTIC Limited Liability Partnership

→ Filing Fee: \$150.00

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. The name of the limited liability partnership is: PPA, LLP		
2. The address of the principal office is: Street Address 469 CENTERVILLE ROAD, SUITE 203		
City/Town WARWICK	State RI	Zip Code 02886
3. 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 BERNARD A. POIRIER, CPA		
Street Address (NOT a P.O. Box) 469 CENTERVILLE ROAD, SUITE 203		
City/Town WARWICK	State RHODE ISLAND	Zip Code 02886
4. The name and address of all resident partners is:		
NAME	ADDRESS	
BERNARD A. POIRIER, CPA	31A MT. HYGIA ROAD, FOSTER, RI 02825	
R. DANIEL HARROP	17 SUNSET AVE, WEST WARWICK, RI 02893	
JANET GAUCH	670 FRANKLIN ROAD, CVENTRY, RI 02816	
STEVEN B. DESTEFANO, CPA	1131 REYNOLDS ROAD, CHEPACHET, RI 02814	
Check this box to indicate an attachment <input checked="" 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
STAMP
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BY **323104**
A. A. 11:35 A.M.

5. 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 **469 CENTERVILLE ROAD, SUITE 203**

City/Town **WARWICK**

State **RHODE ISLAND**

Zip Code **02886**

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

ACCOUNTING FIRM

7. 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

BERNARD A. POIRIER, CPA

Date

1/25/18

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

PPA, LLP
469 Centerville Road, Suite 203
Warwick, RI 02886

Continuation Sheet

Form 500

Section 4: The name and address of all resident partners is:

Jo-Anne M. Newton, CPA, 54 Longue Vue Avenue, North Providence, RI 02904