

## SECRETARY OF STATE COMPORATIONS DIVE

## **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:

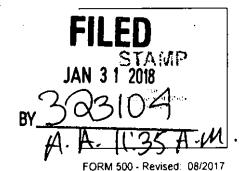
conterred by RIGL <u>7-12-56,</u> do execute the it	ollowing registra	don or Emilied Eldbirky I didie		
The name of the limited liability partnership is:				
PPA, LLP				
2. The address of the principal office is:	•	· · · · · · · · · · · · · · · · · · ·	···	
Street Address 469 CENTERVILLE ROAD, SUITE 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 🗸				

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov



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 intere-	st of the nartners or by one (1	I) or more partners authorized to		
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		Date		
BERNARD A. POIRIER, CPA		1/25/18		
Signature of Resident Partner SIGN DOCUMENT HERE				
Type or Print Name of Partner		Date		
Signature of Resident Partner		<u> </u>		
SIGN DOC	UMENT HERE			
Type or Print Name of Partner		Date		
Signature of Resident Partner				
SIGN DOC	UMENT 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