



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

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2018 FEB -9 PM 12:45

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: 505068		2. The name of the partnership is: Montalbano, Belliveau & St. Sauveur, LLP	
3. The address of the principal office is:			
Street Address 450 Veterans Memorial Parkway			
City/Town East Providence		State RI	Zip Code 02914
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 N/A			
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	
James J. Belliveau		450 Veterans Memorial Pkwy., E. Providence, RI 02914	
Jeffrey A. St. Sauveur		450 Veterans Memorial Pkwy., E. Providence, RI 02914	
Christopher J. Montalbano		450 Veterans Memorial Pkwy., E. Providence, RI 02914	
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

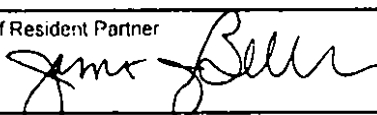
FILED

FEB 09 2018

BY **323890**

A.A. 12:46pm

FORM 500A - Revised: 05/2015

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 450 Veterans Memorial Parkway		
City/Town East Providence	State RI	Zip Code 02914
7. A brief statement of the business in which the partnership is engaged: 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.		
<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 James J. Belliveau	Date 2-1-18	
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		



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:

February 09, 2018 12:46 PM

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

