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

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2018 FEB 20 PM 12:35

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:
BlueChip Financial Advisors, LLP

2. The address of the principal office is:

Street Address
34 Hemingway Drive

City/Town	State	Zip Code
East Providence	RI	02915

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

Street Address (NOT a P.O. Box)

City/Town	State	Zip Code
	RHODE ISLAND	

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

NAME	ADDRESS
John A. Lemme	96 Overhill Drive, West Warwick, RI 02893
Michael T. Moretti	38 Hammitt View Drive, W. Greenwich, RI 02817

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

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BY 324685

FORM 500 - Revised: 08/2017

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		
34 Hemingway Drive,		
City/Town Riverside	State RI	Zip Code 02915

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

Financial planning

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
John A. Lemme	2/16/18
Signature of Resident Partner: John A. Lemme — SIGN DOCUMENT HERE	
Type or Print Name of Partner: Michael T. Moretti	Date: 2/16/18
Signature of Resident Partner: Michael T. Moretti — SIGN DOCUMENT HERE	
Type or Print Name of Partner	Date
Signature of Resident Partner: SIGN DOCUMENT HERE	

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

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 20, 2018 12:35 PM

Nellie M. Gorbea
Secretary of State