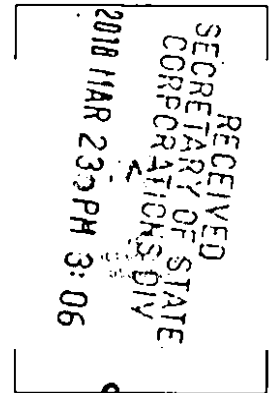




State of Rhode Island and Providence Plantations

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:

2018 Renewal

1. Entity ID Number: 000929162		2. The name of the partnership is: DarrowEverett LLP	
3. The address of the principal office is:			
Street Address One Turks head Place, Suite 1200			
City/Town Providence		State RI	Zip Code 02903
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 (NOT a P.O. Box)			
City/Town		State RHODE ISLAND	Zip Code
5. The name and address of all resident partners is:			
NAME		ADDRESS	
Zachary G. Darrow		72 Great Road, East Greenwich, RI 02818	
Check the 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

FILED

MAR 23 2018

BY 327235

A.A. 3:00 p.m.

FORM 500A - Revised: 05/2016

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

One Turks Head Place, 12th Floor

City/Town

Providence

State

RI

Zip Code

02903

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

The partnership is engaged 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.

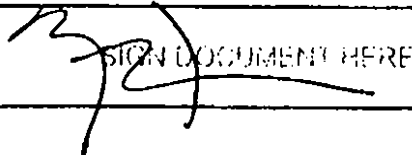
Type or Print Name of Partner

Zachary G. Darrow

Date

3/23/18

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