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

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CORPORATIONS DIV
2018 MAR 23 PM 3:06

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:	2. The name of the partnership is:
000929162	**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 Greenwhich, 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	State	Zip Code
Providence	**RI**	**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	Date
Zachary G. Darrow	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

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.