



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

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 CORPORATIONS DIV.  
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**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: <b>001256281</b>	2. The name of the partnership is: <b>Sullivan &amp; Company CPAs LLP</b>
3. The address of the principal office is:	
Street Address <b>1 Capital Way</b>	
City/Town <b>Cranston</b>	State <b>RI</b>
Zip Code <b>02910</b>	
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 <b>RHODE ISLAND</b>
Zip Code	
5. The name and address of all resident partners is:	
NAME	ADDRESS
<b>Timothy J. Sullivan</b>	<b>15598 Whitney Lane, Naples, FL 34110</b>
<b>Donald P. Sullivan</b>	<b>20 Sugar Hill Court, North Kingstown, RI 02852</b>
<b>Michael L. Hanna</b>	<b>248 Chestnut Hill Road, South Kingstown, RI 02879</b>
<b>Paul A. O'Brien</b>	<b>8 Yellowstone Drive, North Kingstown, RI 02852</b>
Check the box to indicate an attachment. <input checked="" 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

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BY *[Signature]* 327606

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

**1 Capital Way**

City/Town

**Cranston**

State

**RI**

Zip Code

**02910**

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

**Certified Public Accountants**

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

**Gregory Cabral**

Date

**3/26/2018**

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

**Sullivan & Company CPAs LLP  
Attachment to Renewal Application  
For Registered Limited Liability Partnership  
ID Number: 001256281  
March 26, 2018**

**Additional Partner**

**Gregory Cabral  
120 Mohawk Drive  
Westport, MA 02790**



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:

March 28, 2018 11:35 AM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea  
*Secretary of State*

