RI SOS Filing Number: 201862701090 Date: 4/23/2018 11:18:00 AM



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 <u>7-12-56</u>, do execute the following Registration of Limited Liability Partnership:

SECRETARY OF CORPORATION
STATE.

1. Entity ID Number:	2. The name of the partnership is:			
1674900	Bengtson & Jestings, LLP			
3. The address of the princip	al office is:			
	ster Street, Suite 300			
City/Town Providence		State RI	Zip Code 02903	
4. If the partnership's princip agent/office in Rhode Island	al office is not located in Rhode is:	e Island, the name and address	s of the initial registered	
Agent Name				
Street Address (<u>NOT</u> a P.O.	Вох)			
City/Town		State RHODE ISLAND	Zip Code	
5. The name and address of	all resident partners is:		•	
NAME	ADDRESS	ADDRESS		
C. Russell Bengtson	46 Hillside D	46 Hillside Drive, Exeter, RI 02822		
William H. Jestings	125 Pitman Street, Apt. 5A, Providence, RI 02906			
John P. McCoy	3 Grant Lane, Cumberland, RI 02864			
Patricia A. Buckley	18 Amherst Avenue, Pawtucket, RI 02860			
		Check the t	pox 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

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BY 339369

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 40 Westminster Street, Suite 300					
City/Town Providence	State RI	Zip Code 02903			
7. A brief statement of the business in which the partnership is engaged:					
Practice of law and all related business.					
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			
C. Russell Bengtson		4/19/18			
Signature of Resident Partner SIGN DOCU	MENT HERE				
Type or Print Name of Partner		Date			
Signature of Resident Partner					
SIGN DOCU	MENT HERE				
Type or Print Name of Partner		Date			
		,			
Signature of Resident Partner SIGN DOCU	MENT HERE				

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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:

April 23, 2018 11:18 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

