

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: 1674900		2. The name of the partnership is: Bengtson & Jestings, LLP	
3. The address of the principal office is:			
Street Address 40 Westminster Street, Suite 300			
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	
C. Russell Bengtson		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 box to indicate an attachment. <input 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]* 329269

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.

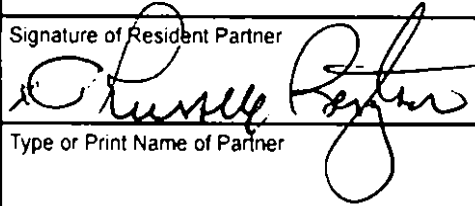
Type or Print Name of Partner

C. Russell Bengtson

Date

4/19/18

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