



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

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2018 MAY 21 AM 11:31

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: <i>000949025</i> | 2. The name of the partnership is: Moonan Stratton & Waldman LLP |
| 3. The address of the principal office is: | |
| Street Address 4 Richmond Square Suite 150 | |
| City/Town Providence | State RI |
| Zip Code 02906 | |
| 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 n/a | |
| 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 |
| Kristen Prull Moonan | 24 Harbour Terrace, Cranston, RI 02905 |
| Amy E. Stratton | 41A Eagle Run, East Greenwich, RI 02818 |
| | |
| | |
| 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 *A.A.* 11:31 A.M.

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 **4 Richmond Square, Suite 150**

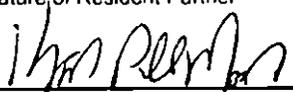
| | | |
|--------------------------------|--------------------|--------------------------|
| City/Town Providence | State RI | Zip Code 02906 |
|--------------------------------|--------------------|--------------------------|

7. A brief statement of the business in which the partnership is engaged:
Law firm to perform legal services

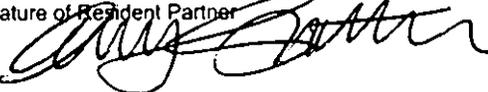
8. This application has been executed by a majority in interest of the partners or by one (1) or more partners authorized to execute an application.

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 Kristen Prull Moonan | Date 5/9/18 |
|--|-----------------------|

Signature of Resident Partner
 SIGN DOCUMENT HERE

| | |
|---|-----------------------|
| Type or Print Name of Partner Amy E. Stratton | Date 5/9/18 |
|---|-----------------------|

Signature of Resident Partner
 SIGN DOCUMENT HERE

| | |
|-------------------------------|------|
| Type or Print Name of Partner | Date |
|-------------------------------|------|

Signature of Resident Partner
SIGN DOCUMENT HERE



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:

May 21, 2018 11:31 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

