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 SECRETARY OF STATE
 CORPORATIONS DIV.
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State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Notice of Registration
 FOREIGN Limited Liability Partnership

→ Filing Fee: \$1,000.00

The undersigned, foreign registered limited liability partnership in accordance with RIGL 7-12-59, submits notice of its intent to transact business in the State of Rhode Island and for that purpose makes the following statement:

1. The name of the foreign limited liability partnership shall be:		
Grant Thornton LLP		
The name, if different, under which it proposes to register and transact business in Rhode Island is:		
2. The jurisdiction, the laws of which govern its partnership agreement and under which it is registered as a Limited Liability Partnership, is:		
Illinois		
3. The address of the principal office is:		
Address 171 N. Clark Street, Suite 200		
City/Town Chicago	State IL	Zip Code 60601
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 CT Corporation System		
Street Address (NOT a P.O. Box) 450 Veterans Memorial Highway, Suite 7A <i>PERUWAY</i>		
City/Town East Providence	State RHODE ISLAND	Zip Code 02914

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.n.gov

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5. The name and address of all resident partners in Rhode Island is:

NAME	ADDRESS
N/A	

Check the box to indicate an attachment

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

Grant Thornton LLP engages in the practice of accounting, consulting and tax services.

Check the box to indicate an attachment

7. Any other information that the partnership determines to include:

Check the box to indicate an attachment

8. The partnership is a Registered Limited Liability Partnership. The notice shall be effective for 2 (two) years from the date of filing. Upon expiration the Foreign Limited Liability Partnership is responsible for filing a new notice.

Under penalty of perjury, I/we declare and affirm that I/we have examined this Notice of Foreign Limited Liability Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of Partner Lynne Triplett	Date 8.20.17
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Signature of Partner <i>Lynne Triplett</i>	SIGN DOCUMENT HERE
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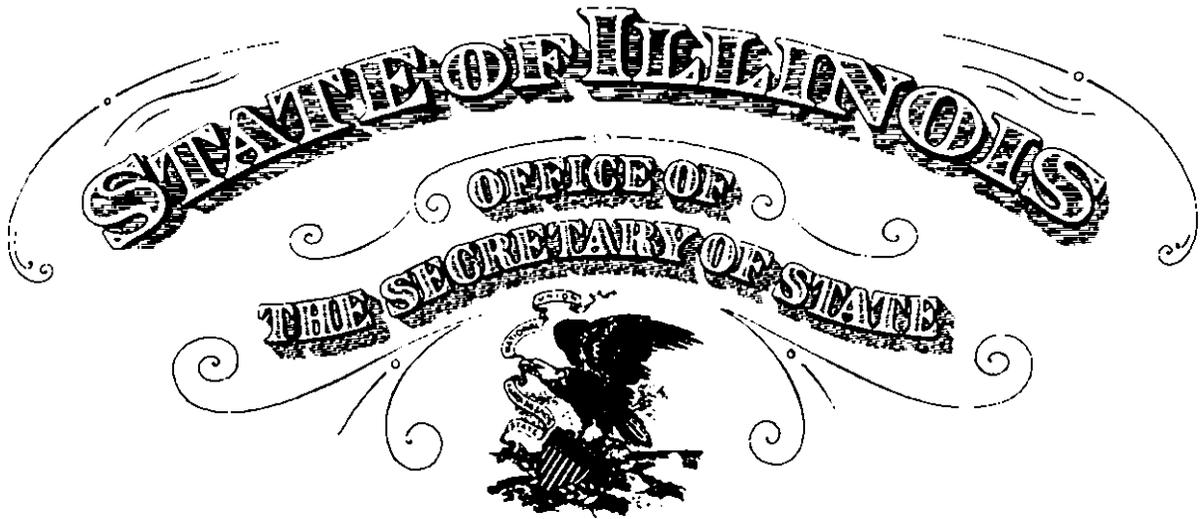
Type or Print Name of Partner	Date
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Signature of Partner	SIGN DOCUMENT HERE
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Type of Print Name of Partner	Date
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Signature of Partner	SIGN DOCUMENT HERE
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File Number 000-945



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

GRANT THORNTON LLP, HAVING FILED A STATEMENT OF QUALIFICATION IN THE STATE OF ILLINOIS ON DECEMBER 22, 2003, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE UNIFORM PARTNERSHIP ACT (1997) OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY PARTNERSHIP IN THE STATE OF ILLINOIS, HAVING FULFILLED ALL REQUIREMENTS OF SAID ACT.



Authentication # 1823201274

Authenticate at: <http://www.cyberdriveillinois.com>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 20TH day of AUGUST A.D. 2018 .

Jesse White

SECRETARY OF STATE



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:

August 23, 2018 10:18 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

