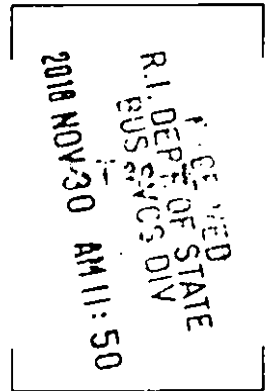




State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**



## Renewal of Registration of Limited Liability Partnership

DOMESTIC Limited Liability Partnership

→ Filing Fee: \$50.00

The undersigned, desiring to renew, a 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>001659264</b>		2. The name of the partnership is: <b>LEVY &amp; BLACKMAN LLP</b>	
3. The address of the principal office is:			
Street Address <b>469 ANGELL STREET, SUITE 2</b>			
City/Town <b>PROVIDENCE</b>	State <b>RI</b>	Zip Code <b>02906</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	
Jeffrey L Levy		170 Brown Street, Providence, RI 02906	
Charles D. Blackman		17 Leicester Way, Pawtucket RI 02860	
Check this box to indicate an attachment <input type="checkbox"/>			

### MAIL TO:

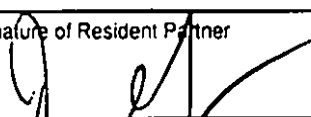
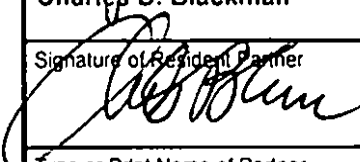
Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

**FILED**

**NOV 30 2018**

*KL E600P*

*11:50*

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 <b>469 Angell Street, Suite 2</b>		
City/Town <b>Providence</b>	State <b>RI</b>	Zip Code <b>02906</b>
7. A brief statement of the business in which the partnership is engaged in:  <b>PRACTICE OF LAW</b>		
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.		
<i>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.</i>		
Type or Print Name of Partner <b>Jeffrey L. Levy</b>		Date <b>11/29/18</b>
Signature of Resident Partner 		SIGN DOCUMENT HERE
Type or Print Name of Partner <b>Charles D. Blackman</b>		Date <b>11/29/18</b>
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:

November 30, 2018 11:50 AM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

