



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

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RI DEPT OF STATE  
BUS SVCS DIV  
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## 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 ( <u>NOT</u> 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

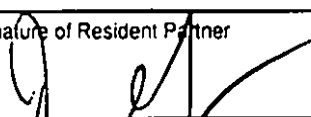
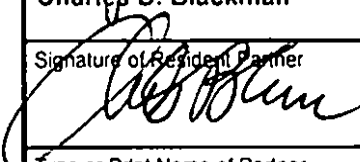
Website: [www.sos.ri.gov](http://www.sos.ri.gov)

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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