

Filing Fee: \$100.00 For Each Partner
Not to Exceed \$2,500.00

ID Number: 136215



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

LIMITED LIABILITY PARTNERSHIP

**APPLICATION FOR
REGISTERED LIMITED LIABILITY PARTNERSHIP**

Pursuant to the provisions of Section 7-12-56 of the General Laws, 1956, as amended, the undersigned partnership hereby applies to become or continue as a Registered Limited Liability Partnership in the state of Rhode Island and for that purpose submits the following statement:

(Check one box only)

New *or* Renewal

1. The name of the Registered Limited Liability Partnership is:

CHARLAND, MARCIANO & COMPANY, CPA's, LLP

(The name must include the words "registered limited liability partnership" or the abbreviation "L.L.P." or "LLP" as the last words or letters of its name.)

2. The address of its principal office is:

18 Imperial Place; Suite 1G Providence, RI 02903

3. If the partnership's principal office is not located in this state, the address of a registered office and the name and address of a registered agent for service of process in the state of Rhode Island which a partnership shall be required to maintain:

4. The names and addresses of all resident partners:

<u>Name</u>	<u>Residence Address</u>
William F. Charland	64 Deerfield Road; North Scituate, RI 02857
Alfred T. Marciano	11 Broadview Avenue; Warwick, RI 02889
Richard D. Morrocco, Jr.	55 Belvedere Drive; Cranston, RI 02920
Christine M. McLacken	20 Milburn Road; East Providence, RI 02914

(If more space is required, please list on separate attachment)

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CORPORATIONS DIV.

5. 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:

18 Imperial Place; Suite 1G Providence, RI 02903

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

To engage in the practice of public accounting and for all other purposes associated
therewith.

7. 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 Application for Registered Limited Liability Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: 11/25/03

CHARLAND, MARCIANO & COMPANY, CPA's, LLP

Print Exact Name of Partnership Making Application

By: 
William F. Charland

By: 
Alfred T. Marciano

**Application for Registered Limited Liability Partnership
CHARLAND, MARCIANO & COMPANY, CPA's, LLP**

4. The names and addresses of all resident partners, continued:

<u>Name</u>	<u>Residence Address</u>
<u>Timothy J. Murray</u>	<u>411 Fort Street; East Providence, RI 02914</u>

CPA Mutual Insurance Company of America Risk Retention Group
Home Office: Burlington, Vermont

Underwriting Manager:

CPA Mutual Management, Inc.
11801 Research Drive
Alachua, FL 32615
(800) 543-3029

ACCOUNTANTS PROFESSIONAL LIABILITY POLICY
"Claims Made"

Policy No.: PL11174-01

IMPORTANT NOTICE: Please Read Carefully

This is a "claims made" policy. Coverage hereunder is limited to claims first made against the Insured during this policy period and reported to the Company during this policy period; provided always that such claims result from negligent acts, errors, or omissions first arising subsequent to the prior acts date.

Please note further that the limits of liability available to pay judgments or settlements are reduced by amounts incurred for legal defense. Further note that the deductible applies to amounts incurred for legal defense.

THIS POLICY IS ISSUED BY YOUR RISK RETENTION GROUP. YOUR RISK RETENTION GROUP MAY NOT BE SUBJECT TO ALL OF THE INSURANCE LAWS AND REGULATIONS OF YOUR STATE. STATE INSURANCE INSOLVENCY GUARANTY FUNDS ARE NOT AVAILABLE FOR YOUR RISK RETENTION GROUP.

Item 1. Named Insured(s) and Address:

(a) Named Insured(s): CHARLAND & MARCIANO CPAS
(b) Address: 18 IMPERIAL PLACE UNIT 1G
PROVIDENCE, RI 02903 County: Providence

Item 2. Policy Period:

(a) Inception Date: July 1, 2003
(b) Expiration Date: July 1, 2004
(Both 12:01 a.m. Standard Time, at the address of the Named Insured stated above in Item 1(b).)

Item 3. Prior Acts Date: (If No Prior Acts Date - No Limitation Applies)

Item 4. Total Annual Premium: \$6,732.80 + \$134.66 (State Tax) = \$6,867.46

Item 5. Limits of Liability: (Includes Claim Expenses Unless Amended By Endorsement)

(a) \$500,000 each claim, subject to:
(b) \$500,000 aggregate limit for all claims first made during the policy period.

Item 6. Deductible: \$10,000 each and every claim (applicable to costs of defense)

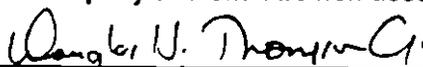
Item 7. Application Dated: June 30, 2003

Item 8. Previous Policy Number (if with CPA Mutual):

Item 9. Forms and Endorsements Attached: PL07/03

These declarations, along with the completed and signed application and the policy, constitute the contract between the Insured(s) and the Company and shall be non-assessable.

Date: AUG 22 03



Authorized Signature
LEB AUG 22 03