



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>145166</b>		2. The name of the partnership is: <b>Olenn &amp; Penza, LLP</b>	
3. The address of the principal office is:			
Street Address <b>530 Greenwich Avenue</b>			
City/Town <b>Warwick</b>		State <b>RI</b>	Zip Code <b>02886</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 <b>N/A</b>			
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	
<b>See attached.</b>			
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

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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  
**530 Greenwich Avenue**

City/Town <b>Warwick</b>	State <b>RI</b>	Zip Code <b>02886</b>
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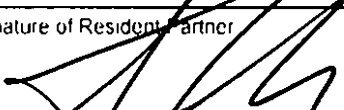
7. A brief statement of the business in which the partnership is engaged in.

**The general practice of law.**


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.*

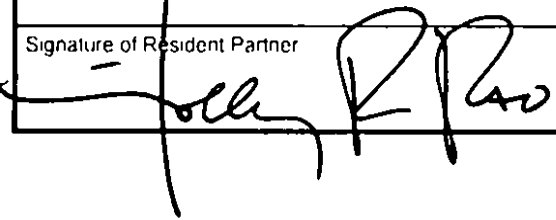
Type or Print Name of Partner <b>Joseph F. Penza, Jr.</b>	Date <b>11/30/18</b>
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Signature of Resident Partner 	SIGN DOCUMENT HERE
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Type or Print Name of Partner <b>Michael J. Colucci</b>	Date <b>11/30/18</b>
--	-------------------------

Signature of Resident Partner 	SIGN DOCUMENT HERE
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Type or Print Name of Partner <b>Holly R. Rap</b>	Date <b>11/30/18</b>
--	-------------------------

Signature of Resident Partner 	SIGN DOCUMENT HERE
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**Olenn & Penza, LLP**

Joseph F. Penza, Jr.  
36 Gilbert Stuart Drive  
East Greenwich, RI 02818

Michael J. Colucci  
94 Fairhaven Road  
Cumberland, RI 02864

Holly R. Rao  
84 Central Street  
Narragansett, RI 02882

Michael T. Prew  
1542 Pippin Orchard Road  
Cranston, RI 02921

Martin K. DeMagistris  
23 Belmont Road  
East Greenwich, RI 02818



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:

December 10, 2018 11:33 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*

