



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

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SECRETARY OF STATE
CORPORATIONS DIV
2018 DEC 21 AM 8:53

Registration of Limited Liability Partnership

DOMESTIC Limited Liability Partnership

→ Filing Fee: \$150.00

The undersigned, desiring to form, a new 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. The name of the limited liability partnership is:		
DiGennaro & Palumbo, LLP		
2. The address of the principal office is:		
Street Address 117 Metro Center Boulevard, Suite 2007		
City/Town Warwick	State Rhode Island	Zip Code 02886
3. 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 Richard V. DiGennaro		
Street Address (NOT a P.O. Box) 117 Metro Center Boulevard, Suite 2007		
City/Town Warwick	State RHODE ISLAND	Zip Code 02886
4. The name and address of all resident partners is:		
NAME	ADDRESS	
Richard V. DiGennaro	117 Metro Center Boulevard, Suite 2007, Warwick, RI 02886	
Ralph A. Palumbo	117 Metro Center Boulevard, Suite 2007, Warwick, RI 02886	
Check this box to indicate an attachment <input type="checkbox"/>		

MAIL TO:

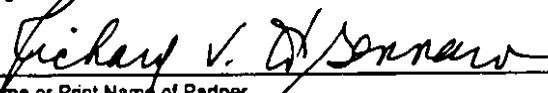
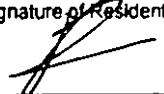
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

8:53

FILED

DEC 21 2018

BY **034E11D**

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:		
Street Address 117 Metro Center Boulevard, Suite 2007		
City/Town Warwick	State Rhode Island	Zip Code 02886
6. A brief statement of the business in which the partnership is engaged in: Accounting		
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.		
<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 Richard V. DiGennaro		Date 12/19/18
Signature of Resident Partner 		
Type or Print Name of Partner Ralph A. Palumbo		Date 12/19/18
Signature of Resident Partner 		
Type or Print Name of Partner		Date
Signature of Resident Partner		

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.



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 21, 2018 08:53 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

