



State of Rhode Island and Providence Plantations

**Department of State - Business Services Division**

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SECRETARY OF STATE  
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**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: <b>Greene &amp; Marusak, LLP</b>		
2. The address of the principal office is:		
Street Address One Turks Head Place, Suite 900		
City/Town Providence	State Rhode Island	Zip Code 02903
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 Jonathan Greene		
Street Address (NOT a P.O. Box) One Turks Head Place, Suite 900		
City/Town Providence	State RHODE ISLAND	Zip Code 02903
4. The name and address of all resident partners is:		
NAME	ADDRESS	
Jonathan Greene	72 Capwell Ave, Pawtucket, Rhode Island 02860	
Daniel Marusak	1335 Highhawk Road, East Greenwich, Rhode Island 02818	
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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**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** One Turks Head Place, Suite 900

City/Town Providence

State Rhode Island

Zip Code 02903

**6. A brief statement of the business in which the partnership is engaged in:**  
We are a law firm specializing in the representation of disabled veterans.

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 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

Jonathan Greene

Date

1/2/2019

Signature of Resident Partner

SIGN DOCUMENT HERE

Type or Print Name of Partner

**Daniel Marusak**

Date

1/2/2019

**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:

January 02, 2019 11:52 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*

