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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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 BY [Signature] 5N043  
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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

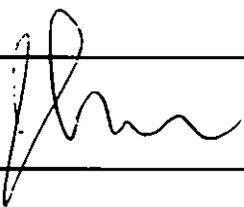
City/Town Providence	State Rhode Island	Zip Code 02903
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6. A brief statement of the business in which the partnership is engaged in:  
We are a law firm specializing in the representation of disabled veterans.

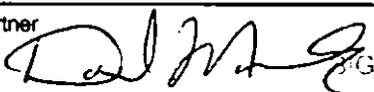
7. This application has been executed by a majority in interest of the partners or by one (1) or more partners authorized to execute an application.

*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
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Signature of Resident Partner  SIGN DOCUMENT HERE

Type or Print Name of Partner Daniel Marusak	Date 1/2/2019
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Signature of Resident Partner  SIGN DOCUMENT HERE

Type or Print Name of Partner	Date
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Signature of Resident Partner  
SIGN DOCUMENT HERE