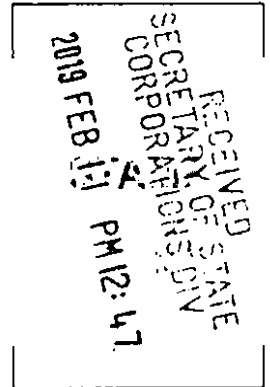




State of Rhode Island and Providence Plantations

Department of State - Business Services Division

**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:

Soundview Orthopaedics Assoc. LLP

2. The address of the principal office is:

Street Address

101 Airport Road

City/Town

Westerly

State

RI

Zip Code

02891

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

Street Address (NOT a P.O. Box)

City/Town

State

RHODE ISLAND

Zip Code

4. The name and address of all resident partners is:

NAME

ADDRESS

Daniel R. Gaccione, M.D.

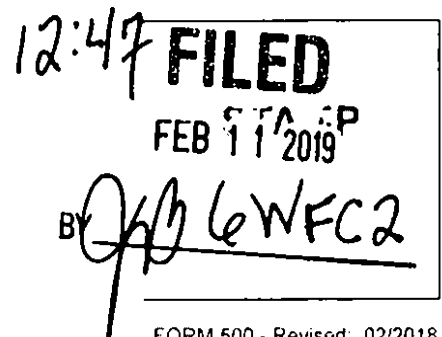
17 M
14 Neptune Drive, Groton Long Point, CT 06340

Christopher M. Hutchins, M.D.

98 Wamphassuc Point Road, Stonington, CT 06378

Check this box to indicate an attachment ☐**MAIL TO:****Division of Business Services**

148 W River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040**Website:** www.sos.ri.gov

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

101 Airport Road

City/Town

Westerly

State

RI

Zip Code

02891

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

Orthopaedics surgery & Medical Facility

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

Daniel R. Gaccione, M.D.

Date

2/5/19

Signature of Resident Partner

SIGN DOCUMENT HERE

Type or Print Name of Partner

Christopher M. Hutchins, M.D.

Date

2/7/19

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:

February 11, 2019 12:47 PM

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

