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 SECRETARY OF STATE
 CORPORATIONS DIVISION
 2019 FEB 11 PM 12:47

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 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 <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]* 6WFC2

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.

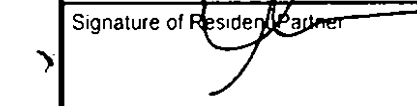
Under penalty of perjury, I/we declare and affirm that I/we have examined this Certificate of Limited Liability Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of Partner Daniel R. Gaccione, M.D.	Date 2/5/19
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Signature of Resident Partner

SIGN DOCUMENT HERE

Type or Print Name of Partner Christopher M. Hutchins, M.D.	Date 2/7/19
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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