



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

RECEIVED  
 SECRETARY OF STATE  
 CORPORATION DIV  
 2019 FEB 21 AM 11:35

**Renewal of Registration of Limited Liability Partnership**  
 DOMESTIC Limited Liability Partnership

→ Filing Fee: \$50.00

The undersigned, desiring to renew, a 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. Entity ID Number: <b>001682836</b>	2. The name of the partnership is: <b>Sammartino &amp; Berg LLP</b>										
3. The address of the principal office is: Street Address <b>2639 South County Trail</b>											
City/Town <b>East Greenwich</b>	State <b>RI</b>	Zip Code <b>02818</b>									
4. 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 <b>RHODE ISLAND</b>	Zip Code									
5. The name and address of all resident partners is:											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">NAME</th> <th>ADDRESS</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;"><b>Andrew Berg</b></td> <td style="padding: 5px;"><b>95 Peaceful Lane, North Kingstown, RI 02852</b></td> </tr> <tr> <td style="padding: 5px;"> </td> <td style="padding: 5px;"> </td> </tr> <tr> <td style="padding: 5px;"> </td> <td style="padding: 5px;"> </td> </tr> <tr> <td style="padding: 5px;"> </td> <td style="padding: 5px;"> </td> </tr> </tbody> </table>	NAME	ADDRESS	<b>Andrew Berg</b>	<b>95 Peaceful Lane, North Kingstown, RI 02852</b>							Check this box to indicate an attachment <input type="checkbox"/>
NAME	ADDRESS										
<b>Andrew Berg</b>	<b>95 Peaceful Lane, North Kingstown, RI 02852</b>										

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

**FILED: P**  
**FEB 21 2019**  
 BY *[Signature]* 615066  
 11:35

6. 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  
2639 South County Trail

City/Town  
East Greenwich

State  
RI

Zip Code  
02818

7. A brief statement of the business in which the partnership is engaged in:  
Law practice.

8. 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

Andrew Berg

Date

2/18/19

Signature of Resident Partner



SIGN DOCUMENT HERE

Type or Print Name of Partner

Date

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 21, 2019 11:35 AM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea  
*Secretary of State*

