



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

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 SECRETARY OF STATE  
 CORPORATIONS DIV  
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## 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>000797832</b>		2. The name of the partnership is: <b>SCOTT &amp; HANDWERGER, LLP</b>	
3. The address of the principal office is:			
Street Address <b>392 WAMPANOAG TRAIL</b>			
City/Town <b>RIVERSIDE</b>	State <b>RI</b>	Zip Code <b>02915</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 ( <u>NOT</u> a P.O. Box)			
City/Town	State <b>RHODE ISLAND</b>	Zip Code	
5. The name and address of all resident partners is:			
NAME	ADDRESS		
<b>JANET KATHERINE SCOTT</b>	<b>8 VILLAGE DRIVE, RIVERSIDE, RI 02915</b>		
<b>LAURA G. HANDWERGER</b>	<b>2 THORPE STREET, GREENVILLE, RI 02828</b>		
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](http://www.sos.ri.gov)

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 BY **LYY59KK**  
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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  
**392 WAMPANOAG TRAIL**

City/Town  
**RIVERSIDE**

State  
**RI**

Zip Code  
**02915**

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

**LEGAL SERVICES**

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.*

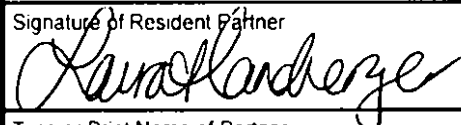
Type or Print Name of Partner

**LAURA G. HANDWERGER**

Date

**2/15/2019**

Signature of Resident Partner



SIGN DOCUMENT HERE

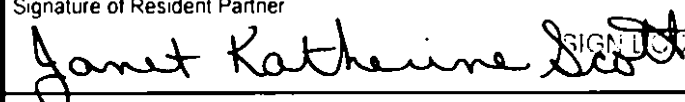
Type or Print Name of Partner

**JANET KATHERINE SCOTT**

Date

**2/15/2019**

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:

February 21, 2019 11:33 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*

