



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

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2019 FEB 21 AM 11:33

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: 000797832 | | 2. The name of the partnership is: SCOTT & HANDWERGER, LLP | |
| 3. The address of the principal office is: | | | |
| Street Address 392 WAMPANOAG TRAIL | | | |
| City/Town RIVERSIDE | | State RI | Zip Code 02915 |
| 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 RHODE ISLAND | Zip Code |
| 5. The name and address of all resident partners is: | | | |
| NAME | | ADDRESS | |
| JANET KATHERINE SCOTT | | 8 VILLAGE DRIVE, RIVERSIDE, RI 02915 | |
| LAURA G. HANDWERGER | | 2 THORPE STREET, GREENVILLE, RI 02828 | |
| | | | |
| | | | |
| 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

FILED
FEB 21 2019
BY 67759KK
11:33

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.

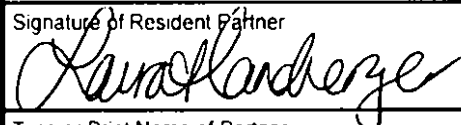
Type or Print Name of Partner

LAURA G. HANDWERGER

Date

2/15/2019

Signature of Resident Partner



SIGN DOCUMENT HERE

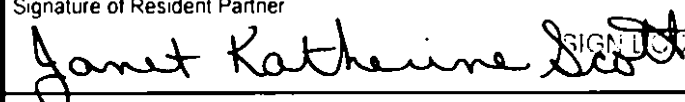
Type or Print Name of Partner

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