



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

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 CORPORATION DIV
 2019 FEB 25 AM 9:08

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:		
Carl Weinberg & Co., LLP		
2. The address of the principal office is:		
Street Address 300 Centerville Road Suite 350, Summit West		
City/Town Warwick	State RI	Zip Code 02886
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 Carl Weinberg		
Street Address (NOT a P.O. Box) 100 Beechwood Drive		
City/Town Cranston	State RHODE ISLAND	Zip Code 02921
4. The name and address of all resident partners is:		
NAME	ADDRESS	
Carl Weinberg CPA, LTD	100 Beechwood Drive, Cranston, RI 02921	
William L. Myers, CPA	1005 Warwick Avenue, Warwick, RI 02888	
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]* 05298
 9:08

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

300 Centerville Road, Suite 350, Summit West

City/Town

Warwick

State

Rhode Island

Zip Code

02886

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

To engage in the practice of Public Accounting pursuant to Title 5, Ch 3 of the General Laws of Rhode Island 1956 as amended, and to transact any and all other lawful business permitted to a registered limited liability partnership in Rhode Island.

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

Carl Weinberg

Date

2/22/19

Signature of Resident Partner



SIGN DOCUMENT HERE

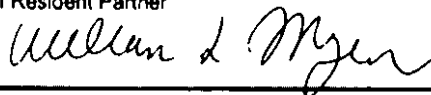
Type or Print Name of Partner

William L. Myers

Date

2/22/19

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 25, 2019 09:08 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

