

State of Rhode Island and Providence Plantations

**Department of State - Business Services Division**

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV  
 2019 FEB 28 5 AM 11:43

**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:		
<b>Adam Financial LLP</b>		
2. The address of the principal office is:		
Street Address <b>41 Long Wharf Mall</b>		
City/Town <b>Newport</b>	State <b>RI</b>	Zip Code <b>02840</b>
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 <b>RHODE ISLAND</b>	Zip Code
4. The name and address of all resident partners is:		
NAME	ADDRESS	
Jeffrey C. Adam	41 Long Wharf Mall, Newport, RI 02840	
Joanne R. Adam	41 Long Wharf Mall, Newport, RI 02840	
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 28 2019**  
 KL R3A QH  
 11:43

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  
**41 Long Wharf Mall**

City/Town <b>Newport</b>	State <b>RI</b>	Zip Code <b>02840</b>
-----------------------------	--------------------	--------------------------

6. A brief statement of the business in which the partnership is engaged in:  
**An office of Certified Public Accountants engaged in tax preparation services, financial Statement preparation and business advisory services.**

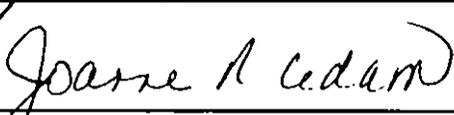
7. This application has been executed by a majority in interest of the partners or by one (1) or more partners authorized to execute an application.

*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 <b>Jeffrey C. Adam</b>	Date <b>2/25/19</b>
---	------------------------

Signature of Resident Partner  
 SIGN DOCUMENT HERE

Type or Print Name of Partner <b>Joanne R. Adam</b>	Date <b>2/25/19</b>
--	------------------------

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 28, 2019 11:43 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*

