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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:

**Adam Financial LLP**

2. The address of the principal office is:

Street Address

**41 Long Wharf Mall**

City/Town

**Newport**

State

**RI**

Zip Code

**02840**

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

**RHODE ISLAND**

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 ☐**MAIL TO:****Division of Business Services**


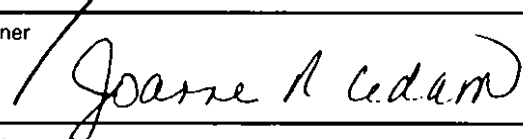
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

**FILED****FEB 28 2019**

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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 <div style="text-align: center;"><b>41 Long Wharf Mall</b></div>		
City/Town <div style="text-align: center;"><b>Newport</b></div>	State <div style="text-align: center;"><b>RI</b></div>	Zip Code <div style="text-align: center;"><b>02840</b></div>
6. A brief statement of the business in which the partnership is engaged in: <b>An office of Certified Public Accountants engaged in tax preparation services, financial Statement preparation and business advisory services.</b>		
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.		
<i>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.</i>		
Type or Print Name of Partner <b>Jeffrey C. Adam</b>		Date <b>2/25/19</b>
Signature of Resident Partner <div style="text-align: center;">              SIGN DOCUMENT HERE         </div>		
Type or Print Name of Partner <b>Joanne R. Adam</b>		Date <b>2/25/19</b>
Signature of Resident Partner <div style="text-align: center;">              SIGN DOCUMENT HERE         </div>		
Type or Print Name of Partner		Date
Signature of Resident Partner <div style="text-align: center;">SIGN DOCUMENT HERE</div>		