



RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2019 APR 25 AM 11:31

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:		
Marasco & Nesselbush, LLP.		
2. The address of the principal office is:		
Street Address		
685 Westimster Street		
City/Town	State	Zip Code
Providence	RI	02903
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	Zip Code
	RHODE ISLAND	
4. The name and address of all resident partners is:		
NAME	ADDRESS	
Dorria M. Nesselbush	181 Raleigh Ave, Pawtucket RI	
Joseph P. Marasco	71 Flintstone Rd, Narragansett, RI	
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

11:31

FILED

APR 25 2019

B. B. G. M. Y.

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 685 Westminster Street		
City/Town Providence	State RI	Zip Code 02903
7. A brief statement of the business in which the partnership is engaged in: The general practice of law and any and all other lawful business for which a limited liability partnership may be formed under the General Laws of Rhode Island, 1956, as amended.		
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.		
<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 Joseph P. Marasco, Esq.	Date 4/23/19	
Signature of Resident Partner <i>Joseph P. Marasco</i> SEE DOCUMENT HERE		
Type or Print Name of Partner Donna M. Nesselbush, Esq.	Date 4/22/19	
Signature of Resident Partner <i>Donna M. Nesselbush</i> SEE DOCUMENT HERE		
Type or Print Name of Partner <i>[Signature]</i>	Date	
Signature of Resident Partner SEE DOCUMENT HERE		

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.