



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

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 SECRETARY OF STATE
 CORPORATION DIV.
 2019 JUN 26 AM 11:50

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:

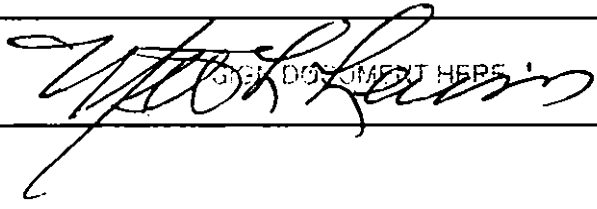
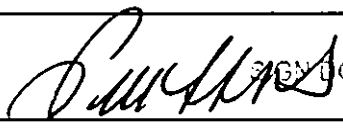
1. Entity ID Number: 133264		2. The name of the partnership is: LEWISS LAW ASSOCIATES, LLP	
3. The address of the principal office is:			
Street Address 79 FRANKLIN STREET			
City/Town WESTERLY	State RI	Zip Code 02891	
4. If the partnership's principal office is not located in Rhode Island, the name and address of the initial registered agent/office in Rhode Island is:			
Agent Name N/A			
Street Address (NOT a P.O. Box)			
City/Town	State RHODE ISLAND	Zip Code	
5. The name and address of all resident partners is:			
NAME		ADDRESS	
MATTHEW L. LEWISS		15 KETTLE CLOSE, #54, WESTERLY, RHODE ISLAND 02891	
PETER L. LEWISS		26 WINDWARD DRIVE, WESTERLY, RHODE ISLAND 02891	
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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JUN 06 2019

BY *[Signature]*

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 79 FRANKLIN STREET		
City/Town WESTERLY	State RHODE ISLAND	Zip Code 02891
7. A brief statement of the business in which the partnership is engaged in: THE PARTNERSHIP IS ENGAGED IN THE GENERAL PRACTICE OF LAW		
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 MATTHEW L. LEWISS	Date 5/30/2019	
Signature of Resident Partner  SIGN DOCUMENT HERE		
Type or Print Name of Partner PETER L. LEWISS	Date 5/30/2019	
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:

June 06, 2019 11:50 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

