

## **Notice of Registration**

FOREIGN Limited Liability Partnership

→ Filing Fee: \$1.000.00

The undersigned, foreign registered limited liability partnership in accordance with RIGL <u>7-12-59</u>, submits notice of its intent to transact business in the State of Rhode Island and for that purpose makes the following statement:

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1. The name of the foreign limited liability partnership shall be	pe:			
Deloitte & Touche LLP				
The name, if different, under which it proposes to register and transact business in Rhode Island is:				
		• • •	UIS AUG	
2. The jurisdiction, the laws of which govern its partnership agreement and under which it is registered as a Limited Liability Partnership, is:				
Delaware			em IO:	10 SXV
3. The address of the principal office is:				اللبا
Address				
30 Rockefeller Plaza				
City/Town New York	State NY	Zip Code 1011	2	
4. If the partnership's principal office is not located in Rhode agent/office in Rhode Island is.	Island, the name and address	of the initial regis	tered	
Agent Name Corporation Service Company	<del>-</del>			
Street Address ( <u>NOT</u> a P O. Box) 222 Jefferson Blvd, Suite 200				
City/Town Warwick	State RHODE ISLAND	Zip Code 02888		

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** 

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FORM 550 - Revised: 12/2018

5. The name and address of all resident part	tners in Rhode Island is:			
NAME	ADDRESS			
Not Applicable				
	Check the box to indicate an attachment			
6. A brief statement of the business in which	the partnership is engaged:			
The partnership provides accounting, audit and related professional services.				
	Check the box to indicate an attachment			
7. Any other information that the partnership	determines to include:			
	Check the box to indicate an attachment			

8. The partnership is a Registered Limited Liability Partnership. The notice shall be of filing. Upon expiration the Foreign Limited Liability Partnership is responsible for		
Under penalty of perjury, I/we declare and affirm that I/we have examined this Notice Partnership, including any accompanying attachments, and that all statements con		
Type or Print Name of Partner or Authorized Representative	Date	1
Deloitte LLP, Partner by Nancy L. Juron, Partner	8	20/2019
Signature of Partner or Authorized Representative		
Type or Print Name of Partner	Date	
Signature of Partner		•
SIGN DOCUMENT HURE		
Type of Print Name of Partner	Date	
Signature of Partner	<u>.                                      </u>	
SIGN DOCUMENT HERE		

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "DELOITTE & TOUCHE LLP" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND
HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, ASD

OF THE TWENTY-FIRST DAY OF AUGUST, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DELOITTE 6..."

TOUCHE LLP" WAS FORMED ON THE SIXTEENTH DAY OF APRIL, A.D. 1997.

CORPORATIONS DIV



2740956 8300 SR# 20196629330

Authentication: 203446325

Date: 08-21-19