



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

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 BUS SVCS DIV  
 2019 AUG 28 P 12:50

**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: <b>120548</b>	2. The name of the partnership is: <b>Blish &amp; Cavanagh, LLP</b>		
3. The address of the principal office is:			
Street Address <b>30 Exchange Terrace</b>			
City/Town <b>Providence</b>	State <b>RI</b>	Zip Code <b>02903</b>	
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 <b>n/a</b>			
Street Address (NOT a P.O. Box)			
City/Town	State <b>RHODE ISLAND</b>	Zip Code	
5. The name and address of all resident partners is:			
NAME	ADDRESS		
<b>See attached sheet.</b>			
Check this box to indicate an attachment <input checked="" 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**

AUG 28 2019

BY **YLSXP**  
**A.A. 12:50pm.**

**BLISH & CAVANAGH, LLP**

**PARTNERS**

**2019**

**NAME**

**ADDRESS**

Joseph V. Cavanagh, Jr.

25 Nathaniel Greene Drive  
Warwick, RI 02818

William R. Landry

19 Lees Farm Commons Drive  
North Providence, RI 02904

Edmund L. Alves, Jr.

33 Great Road  
Barrington, RI 02806

Scott T. Spear

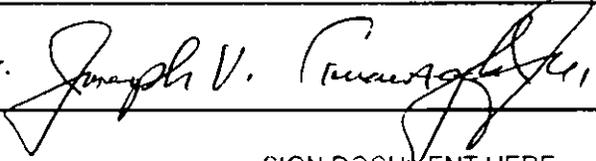
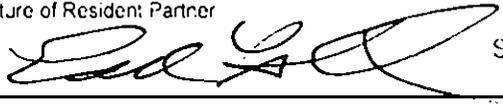
One Sea Gull Way  
Warren, RI 02885

Mary Cavanagh Dunn

11 Stagecoach Road  
Cumberland, RI 02864

Joseph V. Cavanagh, III

22 LaSalle Drive  
Providence, RI 02908

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 <b>30 Exchange Terrace</b>		
City/Town <b>Providence</b>	State <b>RI</b>	Zip Code <b>02903</b>
7. A brief statement of the business in which the partnership is engaged in:  <b>Law Firm.</b>		
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: <b>Joseph V. Cavanagh, Jr.</b>		Date <b>August 28, 2019</b>
Signature of Resident Partner  SIGN DOCUMENT HERE		
Type or Print Name of Partner: <b>Edmund L. Alves, Jr.</b>		Date <b>August 28, 2019</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:

August 28, 2019 12:50 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea  
*Secretary of State*

