



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

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. 00714698 | | 2. The name of the partnership is: Sayer Regan & Thayer, LLP | |
| 3. The address of the principal office is: | | | |
| Street Address 130 Bellevue Avenue | | | |
| City/Town Newport | | State RI | Zip Code 02840 |
| 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 | | | |
| 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 | |
| Richard N. Sayer | | 617 Paradise Avenue, Middletown, RI 02842 | |
| Peter Brent Regan | | 28 South Acacia Drive, Middletown, RI 02842 | |
| Mark M. Thayer | | 295 King Charles Drive, Portsmouth, RI 02871 | |
| | | | |
| Check this box to indicate an attachment <input type="checkbox"/> | | | |

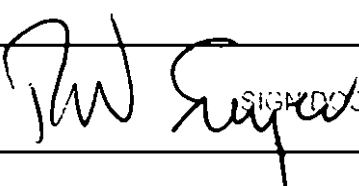
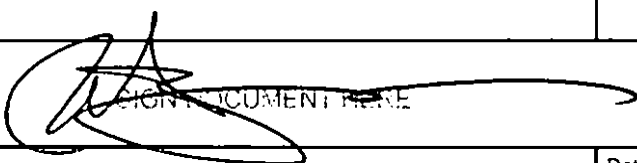
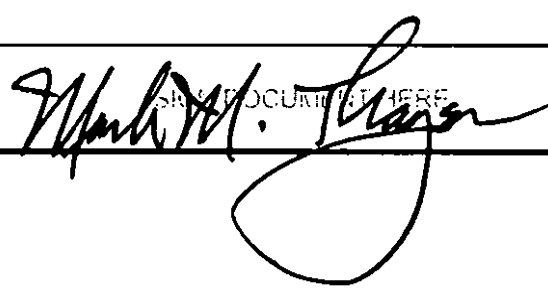
MAIL TO:

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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| | | |
|--|-------------------------|--------------------------|
| 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 130 Bellevue Avenue | | |
| City/Town Newport | State RI | Zip Code 02840 |
| 7. A brief statement of the business in which the partnership is engaged in: Law practice. | | |
| 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 Richard N. Sayer | Date 9/4/2019 | |
| Signature of Resident Partner  SIGN DOCUMENT HERE | | |
| Type or Print Name of Partner Peter Brent Regan | Date 9/4/2019 | |
| Signature of Resident Partner  SIGN DOCUMENT HERE | | |
| Type or Print Name of Partner Mark M. Thayer | Date 9/4/2019 | |
| 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:

September 06, 2019 10:22 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

