



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

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CORPORATIONS DIV
2019 NOV 25 PM 12:13

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:

Izzo, Gardner & Moran LLP

2. The address of the principal office is:

Street Address

101 Dyer Street - 3rd Floor

City/Town

Providence

State

RI

Zip Code

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

RHODE ISLAND

Zip Code

4. The name and address of all resident partners is:

NAME

ADDRESS

Ronald A. Izzo, Jr.

101 Dyer St. - 3rd Floor, Providence, RI 02903

William Gardner

101 Dyer St. - 3rd Floor, Providence, RI 02903

Joseph C. Moran

101 Dyer St. - 3rd Floor, Providence, RI 02903

Check this box to indicate an attachment ☐

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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BY KL PYDMO

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5. 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

101 Dyer St. - 3rd Floor, #

City/Town

Providence

State

RI

Zip Code

02903

6. A brief statement of the business in which the partnership is engaged in:

Law firm practicing law

7. 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.

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.

Type or Print Name of Partner

William Gardner

Date

11/25/19

Signature of Resident Partner

W. Gardner

SIGN DOCUMENT HERE

Type or Print Name of Partner

Date

Signature of Resident Partner

SIGN DOCUMENT HERE

Type or Print Name of Partner

Date

Signature of Resident Partner

SIGN DOCUMENT HERE