



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

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CORPORATIONS DIV
2018 MAR -2 AM 11:28

NEW

Renewal of Registration of Limited Liability Partnership
DOMESTIC Limited Liability Partnership

→ Filing Fee: \$50.00

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. Entity ID Number:		2. The name of the partnership is: <i>IZZO, GARDNER-CARCOZA, LLP</i>	
3. The address of the principal office is:			
Street Address <i>101 Dyer St, Floor 3</i>			
City/Town <i>Providence</i>		State <i>RI</i>	Zip Code <i>02903</i>
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	
<i>Keith A Carcoza</i>		<i>Warwick, RI 02882 406 Warner Brook Dr. Apt 10304</i>	
<i>Ronald A Izzo Jr</i>		<i>RI 02874 41 Mourning Dr, No. Kingstown</i>	
<i>William Gardner, IV</i>		<i>02917 2 Hanton City Trail, Smithfield, RI</i>	
Check the 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

FILED

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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

101 Dyer St, 3rd Floor

City/Town

Providence

State

RI

Zip Code

02903

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

Law Firm, practicing 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.

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

RONALD A BZZO

Date

2-27-18

Signature of Resident Partner



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



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:

March 02, 2018 11:28 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

