



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

STAMP

FOR
 SECRETARY OF STATE
 USE ONLY

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: 887536		2. The name of the partnership is: BREWSTER THORNTON GROUP ARCHITECTS, LLP	
3. The address of the principal office is:			
Street Address 317 IRON HORSE WAY, SUITE 202			
City/Town PROVIDENCE	State RI	Zip Code 02908	
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		
Mary Dorsey Brewster	317 IRON HORSE WAY, SUITE 202, PROVIDENCE, RI 02908		
Barbara J. Thornton	317 IRON HORSE WAY, SUITE 202, PROVIDENCE, RI 02908		
Nathaniel Ginsburg	317 IRON HORSE WAY, SUITE 202, PROVIDENCE, RI 02908		
Patrick M. Connors	317 IRON HORSE WAY, SUITE 202, PROVIDENCE, RI 02908		
Check this box to indicate an attachment <input type="checkbox"/>			

MAIL TO:

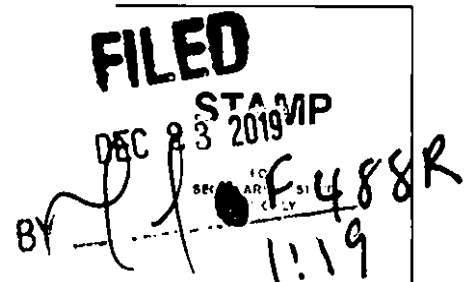
Division of Business Services

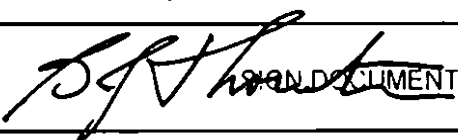
148 W. River Street, Providence, Rhode Island 02904-2815

Phone: (401) 222-3040

Website: www.sos.ri.gov

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2019 DEC 23 PM 1:19



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 317 IRON HORSE WAY, SUITE 202		
City/Town PROVIDENCE	State RI	Zip Code 02908
7. A brief statement of the business in which the partnership is engaged in: GENERAL PRACTICE OF ARCHITECTURAL SERVICES		
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 Barbara J. Thornton, AIA		Date 12/19/19
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:

December 23, 2019 01:19 PM

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

