



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:

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SECRETARY OF STATE
CORPORATIONS
2020 FEB 24 PM 12:59

1. Entity ID Number: 000797832		2. The name of the partnership is: SCOTT & HANDWERGER, LLP	
3. The address of the principal office is:			
Street Address 392 WAMPANOAG TRAIL			
City/Town RIVERSIDE	State RI	Zip Code 02828	
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	
JANET KATHERINE SCOTT		8 VILLAGE DRIVE, RIVERSIDE, RI 02915	
LAURA G. HANDWERGER		2 THORPE ST., GREENVILLE, RI 02828	
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

FILED
STAMP
FEB 24 2020
12:59

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

392 WAMPANOAG TRAIL

City/Town

RIVERSIDE

State

RI

Zip Code

02915

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

LEGAL 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.

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

LAURA G. HANDWERGER

Date

2/21/2020

Signature of Resident Partner

Laura Handwerker
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:

February 24, 2020 12:59 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

