RI SOS Filing Number: 202035085560 Date: 2/24/2020 12:59:00 PM



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 <u>7-12-56</u>, do execute the following Registration of Limited Liability Partnership:

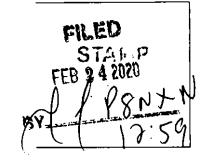
| Joinened by KIGL 7-12-30 | , do execute the i | UNUWING REGISTIO | ation of Limited Clability Partite | ו אוווף. (| > 75 | | |
|--|--------------------|--------------------------------------|------------------------------------|-----------------------|-------------------|--|--|
| 1. Entity ID Number: | 2. The name | 2. The name of the partnership is: | | | 59 | | |
| 000797832 | SCOTT | SCOTT & HANDWERGER, LLP | | | | | |
| 3. The address of the prin | cipal office is: | | | | | | |
| Street Address 392 WAM | PANOAG TRAIL | | | | | | |
| City/Town RIVERSIDE | | | State RI | Zip Code 02828 | | | |
| 4. If the partnership's prinagent/office in Rhode Isla | | located in Rhode | Island, the name and address | of the initial | registered | | |
| Agent Name | | | | | | | |
| Street Address (NOT a P | O. Box) | | | | | | |
| City/Town | | | State RHODE ISLAND | Zip Code | | | |
| 5. The name and address | of all resident pa | irtners is: | | | | | |
| NAME. | | ADDRESS | | | | | |
| JANET KATHERINE SC | отт | 8 VILLAGE DRIVE, RIVERSIDE, RI 02915 | | | | | |
| LAURA G. HANDWERG | ER | 2 THORPE ST., GREENVILLE, RI 02828 | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | .1 | Charle this | hay ta indica | ate 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



| 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 | | | | | |
| | | | | | |
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| | | | | | |
| 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 | | Date | | | |
| LAURA G. HANDWERGER | | 2/31/2030 | | | |
| Signature of Resident Partner AMHAWE GUMENT HERE | | | | | |
| Type or Print Name of Partner | | Date | | | |
| | | | | | |
| Signature of Resident Partner | <u>. </u> | | | | |
| SIGN DOCUMENT HERE | | | | | |
| Type or Print Name of Partner | | Date | | | |
| | | | | | |
| Signature of Resident Partner | | | | | |
| SIGN DOCUMENT HERE | | | | | |
| | | | | | |

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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

Nellie M. Gorbea Secretary of State

Tullin U. Soler

