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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:

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
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 BY: [Signature] P8N+M
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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 **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  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