



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:

1. Entity ID Number: 001256281		2. The name of the partnership is: Sullivan & Company CPAs LLP	
3. The address of the principal office is:			
Street Address 1 Capital Way			
City/Town Cranston	State RI	Zip Code 02910	
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 (<u>NOT</u> a P.O. Box)			
City/Town	State RHODE ISLAND	Zip Code	
5. The name and address of all resident partners is:			
NAME		ADDRESS	
Timothy J. Sullivan		P O Box 532, Wakefield, RI 02880	
Donald P. Sullivan		20 Sugar Hill Court, North Kingstown, RI 02852	
Michael L. Hanna		271 Wordens Pond Road, Wakefield, RI 02879	
Paul O'Brien		8 Yellowstone Drive, North Kingstown, RI 02852	
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

2:55

FILED

APR 13 2020

BY ABDQV6F

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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 **1 Capital Way**

City/Town **Cranston**

State **RI**

Zip Code **02910**

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

Certified Public Accountants

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.

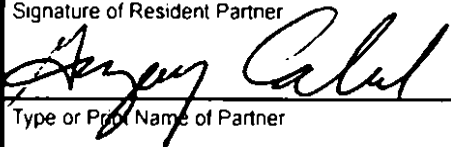
Type or Print Name of Partner

Gregory Cabral

Date

4/7/20

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

**Sullivan & Company CPAs LLP
Attachment to Renewal Application
For Registered Limited Liability Partnership
ID Number: 001256281**

Additional Partner

**Gregory Cabral
120 Mohawk Drive
Westport, MA 02790**



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:

April 13, 2020 02:55 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

