



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**Registration of Limited Liability Partnership**

**DOMESTIC Limited Liability Partnership**

→ Filing Fee: \$150.00

The undersigned, desiring to form, a new 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:

**STAMP**

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RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV

1. The name of the limited liability partnership is:

**Sammartino & Berg LLP**

2. The address of the principal office is:

Street Address

**1350 Division Road, Suite 102**

City/Town

**West Warwick**

State

**RI**

Zip Code

**02893**

3. 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

4. The name and address of all resident partners is:

NAME

ADDRESS

**Andrew Berg**

**281 Spencer Avenue, Warwick, RI 02818**

**Catherine Sammartino**

**281 Spencer Avenue, Warwick, RI 02818**

Check this box to indicate 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](http://www.sos.ri.gov)

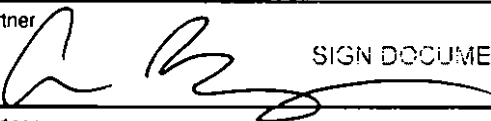
**FILED**AMP

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BY **8 PYPO**

FORM 500 - Revised 02/2018

**A.A. 3:24 pm**

5. 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 <b>1350 Division Road, Suite 102</b>		
City/Town <b>West Warwick</b>	State <b>RI</b>	Zip Code <b>02893</b>
6. A brief statement of the business in which the partnership is engaged in: <b>Law practice.</b>		
7. 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 <b>Andrew Berg</b>		Date <b>4/16/2020</b>
Signature of Resident Partner  <b>SIGN DOCUMENT HERE</b>		
Type or Print Name of Partner		Date
Signature of Resident Partner <b>SIGN DOCUMENT HERE</b>		
Type or Print Name of Partner		Date
Signature of Resident Partner <b>SIGN DOCUMENT HERE</b>		