



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

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BUS. SVCS. DIV.  
2020 MAY 26 PM 4:09

## 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:<br><b>001336953</b>                                                                                                                 |  | 2. The name of the partnership is:<br><b>FERDINANDI &amp; MASTRATI, LLP</b> |                          |
| 3. The address of the principal office is:                                                                                                               |  |                                                                             |                          |
| Street Address<br><b>1441 Park Avenue</b>                                                                                                                |  |                                                                             |                          |
| City/Town<br><b>Cranston</b>                                                                                                                             |  | State<br><b>RI</b>                                                          | Zip Code<br><b>02920</b> |
| 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<br><b>RHODE ISLAND</b>                                                | Zip Code                 |
| 5. The name and address of all resident partners is:                                                                                                     |  |                                                                             |                          |
| NAME                                                                                                                                                     |  | ADDRESS                                                                     |                          |
| <b>Steven J. Ferdinandi</b>                                                                                                                              |  | <b>8 Permain Road, Cranston, Rhode Island 02920</b>                         |                          |
| <b>Frank Mastrati, Jr.</b>                                                                                                                               |  | <b>132 Chandler Avenue, Cranston, Rhode Island 02910</b>                    |                          |
|                                                                                                                                                          |  |                                                                             |                          |
|                                                                                                                                                          |  |                                                                             |                          |
| 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](http://www.sos.ri.gov)

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**STAMP**

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

**1441 Park Avenue**

City/Town

**Cranston**

State

**RI**

Zip Code

**02920**

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

**Engaged in the general practice of law, as well as the operation of a law office.**

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.*

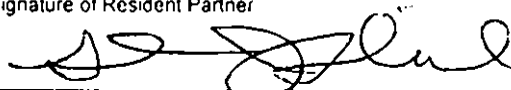
Type or Print Name of Partner

**Steven J. Ferdinandi**

Date

**5/26/20**

Signature of Resident Partner



SIGN DOCUMENT HERE

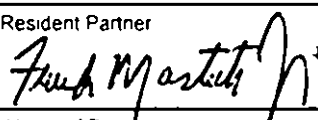
Type or Print Name of Partner

**Frank Mastrati, Jr.**

Date

**5/26/20**

Signature of Resident Partner



SIGN DOCUMENT HERE

Type or Print Name of Partner

Date

Signature of Resident Partner

SIGN DOCUMENT HERE