



RECEIVED STATE  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
 2020 JUL 13 PM 3:22

**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: <b>1338671</b>	2. The name of the partnership is: <b>Hanson Curran LLP</b>
3. The address of the principal office is:	
Street Address <b>One Turks Head Place, Suite 550</b>	
City/Town <b>Providence</b>	State <b>RI</b>
Zip Code <b>02903</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 <b>RHODE ISLAND</b>
Zip Code	
5. The name and address of all resident partners is:	
NAME	ADDRESS
<b>Mary W. McBurney</b>	<b>21 Hastings Ave., Pawtucket, RI 02861</b>
<b>Joshua E. Carlin</b>	<b>55 Schooner Drive, Portsmouth, RI 02871</b>
<b>Megan J. Goguen</b>	<b>7 Tia Place, Franklin, MA 02038</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.scs.ri.gov

**FILED**  
**JUL 13 2020**  
*KL Q1R1K0*  
*3:22*

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 **One Turks Head Place, Suite 550**

City/Town **Providence** State **RI** Zip Code **02903**

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

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 **Joshua E. Carlin** Date **7/10/20**

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