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2020 SEP 11 PM 1:06

**Notice of Registration**  
 FOREIGN Limited Liability Partnership

→ Filing Fee: \$1,000.00

The undersigned, foreign registered limited liability partnership in accordance with RIGL 7-12-59, submits notice of its intent to transact business in the State of Rhode Island and for that purpose makes the following statement:



1. The name of the foreign limited liability partnership shall be:		
<b>Burns &amp; Levinson LLP</b>		
The name, if different, under which it proposes to register and transact business in Rhode Island is:		
2. The jurisdiction, the laws of which govern its partnership agreement and under which it is registered as a Limited Liability Partnership, is:		
<b>Massachusetts</b>		
3. The address of the principal office is:		
Address <b>125 High Street</b>		
City/Town <b>Boston</b>	State <b>MA</b>	Zip Code <b>02110</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 <b>Sean O. Coffey, Esq. c/o Burns &amp; Levinson LLP</b>		
Street Address (NOT a P.O. Box) <b>1 Citizens Plaza, Suite 1100</b>		
City/Town <b>Providence</b>	State <b>RHODE ISLAND</b>	Zip Code <b>02903</b>

**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** ✓  
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5. The name and address of all resident partners in Rhode Island is:	
NAME	ADDRESS
Sean O. Coffey	1 Citizens Plaza, Suite 1100, Providence, RI 02903
Richard M. Coen	1 Citizens Plaza, Suite 1100, Providence, RI 02903
Andrea T. Dunbar	1 Citizens Plaza, Suite 1100, Providence, RI 02903
George N. Chaclas	1 Citizens Plaza, Suite 1100, Providence, RI 02903
Check the box to indicate an attachment <input type="checkbox"/>	
6. A brief statement of the business in which the partnership is engaged: The practice of Law.	
Check the box to indicate an attachment <input type="checkbox"/>	
7. Any other information that the partnership determines to include:	
Check the box to indicate an attachment <input type="checkbox"/>	

8. The partnership is a Registered Limited Liability Partnership. The notice shall be effective for 2 (two) years from the date of filing. Upon expiration the Foreign Limited Liability Partnership is responsible for filing a new notice.

*Under penalty of perjury, I/we declare and affirm that I/we have examined this Notice of Foreign Limited Liability Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.*

Type or Print Name of Partner <b>Sean O. Coffey</b>	Date <b>September 10, 2020</b>
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Signature of Partner 
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Type or Print Name of Partner	Date
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Signature of Partner
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Type or Print Name of Partner	Date
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Signature of Partner
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William Francis Galvin  
Secretary of the  
Commonwealth

*The Commonwealth of Massachusetts*  
*Secretary of the Commonwealth*  
*State House, Boston, Massachusetts 02133*

September 9, 2020

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of registration of Limited Liability Partnership was filed in this office by

**BURNS & LEVINSON LLP**

in accordance with the provisions of Massachusetts General Laws Chapter 108A on **March 21, 1996**.

I also certify that said Limited Liability Partnership has filed all reports due and paid all fees with respect to such reports; that said registration has not been withdrawn or revoked; and that, so far as appears of record, said Limited Liability Partnership has legal existence and is in good standing with this office.

I further certify that the names of the partners authorized with respect to real property listed in the most recent filing are: **NONE**



In testimony of which,  
I have hereunto affixed the  
Great Seal of the Commonwealth  
on the date first above written.

*William Francis Galvin*  
Secretary of the Commonwealth

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