



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

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2020 OCT - 5 PM 12:20

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:		
CohnReznick LLP		
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:		
New Jersey		
3. The address of the principal office is:		
Address 1301 Avenue of the Americas		
City/Town New York	State NY	Zip Code 10019
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 Corporation Service Company		
Street Address (<u>NOT</u> a P.O. Box) 222 Jefferson Boulevard, Suite 200		
City/Town Warwick	State RHODE ISLAND	Zip Code 02888

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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BY **3939P**

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FORM 550 (Revised 12/2018)

5. The name and address of all resident partners in Rhode Island is:

NAME	ADDRESS
Not applicable	

Check the box to indicate an attachment ☐

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

Accounting and consulting services

Check the box to indicate an attachment ☐

7. Any other information that the partnership determines to include:

Check the box to indicate an attachment ☐

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 or Authorized Representative

Date

Michelle V. Fleishman

9/9/2020

Signature of Partner or Authorized Representative

 HERE

Type or Print Name of Partner

Date

Signature of Partner

SIGN DOCUMENT HERE

Type of Print Name of Partner

Date

Signature of Partner

SIGN DOCUMENT HERE

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

**COHNREZNICK LLP
0600028381**

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Partnership was registered by this office on June 07, 1996.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

**MICHELLE V. FLEISHMAN
4 BECKER FARM ROAD
ROSELAND, NJ 07068**



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
15th day of September, 2020*

**Elizabeth Maher Muoio
State Treasurer**

Certificate Number 6111053096

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp