



State of Rhode Island and Providence Plantations

**Department of State - Business Services Division**

**Renewal of Registration of Limited Liability Partnership**

DOMESTIC Limited Liability Partnership

→ Filing Fee: \$50.00

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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>1691342</b>		2. The name of the partnership is: <b>Goluses &amp; Company, LLP</b>	
3. The address of the principal office is:			
Street Address <b>1 Wayland Avenue, Unit 312N</b>			
City/Town <b>Providence</b>		State <b>RI</b>	Zip Code <b>02906</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	
Louis M. DiOrio		1 Wayland Ave. #312N, Providence, RI 02906	
Howard N. Ostrowsky		30 Hedgerow Drive, Warwick, RI 02886	
Robert W. McDermott		77 Woodmont Drive, North Kingstown, RI 02852	
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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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

**1 Wayland Avenue #312N**

City/Town

**Providence**

State

**RI**

Zip Code

**02906**

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

Any legal business activity ,

*Accounting Services*

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

**Louis M. DiOrio**

Date

*12/15/2020*

Signature of Resident Partner

*Louis M. DiOrio*

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