



State of Rhode Island

Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS DIV
2020 DEC 24 A 11:50

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:		
Sherin and Lodgen 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:		
Massachusetts		
3. The address of the principal office is:		
Address 101 Federal Street		
City/Town Boston	State MA	Zip Code 02110
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 (NOT a P.O. Box) 222 Jefferson Boulevard		
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

DEC 24 2020

BY 89 WSM
A.A. 11:50 A.M.
FORM 550 - Revised 08/2010

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

NAME	ADDRESS
Christopher R. Blazejewski	1 Thayer Street, Providence, RI 02906

Check the box to indicate an attachment ☐

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

Practice of Law

Check the box to indicate an attachment ☐

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

None

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

Douglas M. Henry, Managing Partner

Date

10/26/2020

Signature of Partner or Authorized Representative

Douglas M. Henry

Type or Print Name of Partner

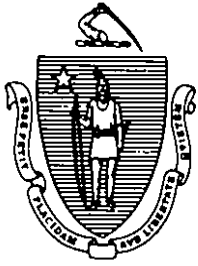
Date

Signature of Partner

Type or Print Name of Partner

Date

Signature of Partner



William Francis Galvin
Secretary of the
Commonwealth

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

December 11, 2020

TO WHOM IT MAY CONCERN:

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

SHERIN AND LODGEN LLP

in accordance with the provisions of Massachusetts General Laws Chapter 108A on **January 2, 1996**.

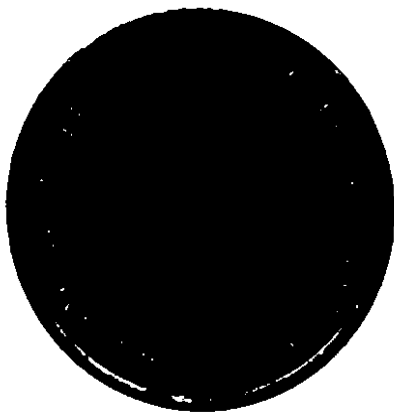
I also certify that said Limited Liability Partnership has filed all reports due and paid all fees with respect to such reports; that said registration has not been withdrawn or revoked; and that, so far as appears of record, said Limited Liability Partnership has legal existence and is in good standing 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: **EDWARD M. BLOOM, PETER FRIEDENBERG, JOSHUA M. ALPER, JOHN J. SLATER, ROBERT M. CARNEY, DOUGLAS M. HENRY**

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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