



State of Rhode Island
Department of State - Business Services Division

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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: 117464	2. The name of the partnership is: BRENNAN, RECUPERO, CASCIONE, SCUNGIO & McALLISTER, LLP
3. The address of the principal office is:	
Street Address 362 Broadway	
City/Town Providence	State RI
Zip Code 02909	
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 RHODE ISLAND
Zip Code	
5. The name and address of all resident partners is:	
NAME	ADDRESS
Benjamin M. Scungio	37 Clark Road, Smithfield, RI 02917
Ronald F. Cascione	100 Alpine Estates Drive, Cranston, RI 02921
Joseph J. Recupero	37 Elmway, Providence, RI 02906
Kevin J. McAllister	39 Ocean View Avenue, Tiverton, RI 02878
Check this box to indicate an attachment <input checked="" 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

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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 Brennan, Recupero, Cascione, Scungio & McAllister, LLP 362 Broadway

City/Town Providence	State RI	Zip Code 02909
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7. A brief statement of the business in which the partnership is engaged in:

Practice of law

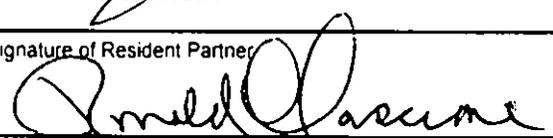
8. This application has been executed by a majority in interest of the partners or by one (1) or more partners authorized to execute an application.

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 Benjamin M. Scungio	Date 1-20-2021
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Signature of Resident Partner


Type or Print Name of Partner Ronald F. Cascione	Date 1-20-2021
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Signature of Resident Partner


Type or Print Name of Partner Kevin J. McAllister	Date 1-20-2021
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Signature of Resident Partner


Brennan, Recupero, Cascione, Scungio & McAllister, LLP
ID No. 117464
2021 Renewal Application for Registered Limited Liability Partnership

#8. (cont'd):

Joseph J. Recupero

A handwritten signature in black ink, appearing to read 'J. Recupero', is written over a horizontal line.

Date 1-20-2021



State of Rhode Island
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

January 20, 2021 03:57 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea
Secretary of State

