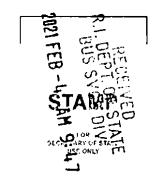
RI SOS Filing Number: 202189997890 Date: 2/4/2021 9:47:00 AM



## **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: Moody, Famiglietti & Andronico, 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 1 Highwood Drive City/Town Tewksbury Zip Code State MA 01876 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 C T Corporation System Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A City/Town State Zip Code

RHODE ISLAND

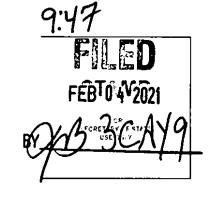
MAIL TO:

Division of Business Services

East Providence

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov



02914

5. The name and address of all resid	fent partners in Rhode Island is:	
NAME	ADDRESS	
	ADDITEO	<del></del>
		Check the box to indicate an attachment
6. A brief statement of the business i	n which the partnership is engaged	
Tax, audit and consulting service	s	
		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 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 Fo Partnership, including any accompanying attachments, and that all statements contained h	reign Limited Liability perein are true and correct.		
Type or Print Name of Partner or Authorized Representative	Date		
Carl Famiglietti	1-90-9091		
Signature of Partney or Authorized Representative			
Type or Print Name of Partner	Date		
Signature of Partner			
Type of Print Name of Partner	Date		
Signature of Partner			



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

January 12, 2021

## TO WHOM IT MAY CONCERN:

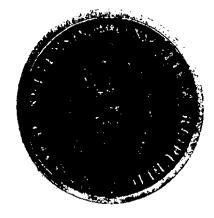
I hereby certify that a certificate of registration of Limited Liability Partnership was filed in this office by

## MOODY, FAMIGLIETTI & ANDRONICO, LLP

in accordance with the provisions of Massachusetts General Laws Chapter 108A on March 22, 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: CARL J. FAMIGLIETTI



Processed By:TAA

In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth
on the date first above written.

Secretary of the Commonwealth

William Tranino Galetin

RI SOS Filing Number: 202189997890 Date: 2/4/2021 9:47:00 AM



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:

February 04, 2021 09:47 AM

Nellie M. Gorbea Secretary of State

Tulli U. Horler

