State of Rhode Island and Providence Plantations
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 form, a new 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:	2. The name of the partnership is:
138316	**TAFT & McSALLY LLP**

3. The address of the principal office is:

Street Address		
21 Garden City Drive		
City/Town: **Cranston**	State: **RI**	Zip Code: **02920**

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
Robert D. Murray	**75 Debbie Drive, Cranston, RI 02921**
John V. McGreen	**Two Jenckes Court, Narragansett, RI 02882**
David H. Ferrara	**170 Beechwood Drive, Cranston, RI 02921**

Check the box to indicate an attachment. ☐

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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FORM 500A - Revised: 05/2016

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: **21 Garden City Drive**

City/Town	State	Zip Code
Cranston	**RI**	**02920**

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

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	Date
John V. McGreen	2.2.21
Signature of Resident Partner: SIGN DOCUMENT HERE	2.
Type or Pnnt Name of Partner: **David H. Ferrara**	Date: 2-2-2021
Signature of Resident Partner: SIGN DOCUMENT HERE Ferrara	
Type or Print Name of Partner: **Robert D. Murray**	Date: 2-2-21
Signature of Resident Partner: SIGN DOCUMENT HERE	

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

RI SOS Filing Number: 202190386690 Date: 2/5/2021 1:44:00 PM

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:

February 05, 2021 01:44 PM

Nellie M. Gorbea
Secretary of State