



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: 581038	2. The name of the partnership is: CASALE, COUTU & COMPANY, LLP
3. The address of the principal office is:	
Street Address 1 WORTHINGTON ROAD	
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
ALAN S. CASALE	50 E. BEL AIR ROAD, CRANSTON, RI 02920
ROBERT A. COUTU	57 BRIAR HILL DRIVE, CRANSTON, RI 02921
Check this box to indicate an attachment <input type="checkbox"/>	

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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

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FORM 590A - Revised 08/2020

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 WORTHINGTON ROAD

City/Town CRANSTON	State RI	Zip Code 02920
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7. A brief statement of the business in which the partnership is engaged in:

CERTIFIED PUBLIC ACCOUNTANTS-ACCOUNTING AND TAX 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 ALAN S. CASALE	Date 01/25/2021
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Signature of Resident Partner


Type or Print Name of Partner ROBERT A. COUTU	Date 01/25/2021
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Signature of Resident Partner


Type or Print Name of Partner	Date
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Signature of Resident Partner



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 10, 2021 02:39 PM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

