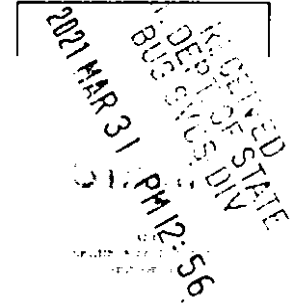




State of Rhode Island

Department of State - Business Services Division

**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: 1100108		2. The name of the partnership is: Howland Evangelista Kohlenberg LLP	
3. The address of the principal office is:			
Street Address One Financial Plaza, Suite 2200			
City/Town Providence	State RI	Zip Code 02903	
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	
A. Max Kohlenberg, Esq.		One Financial Plaza, Suite 2200, Providence, Rhode Island 02903	
Renee A. R. Evangelista, Esq.		One Financial Plaza, Suite 2200, Providence, Rhode Island 02903	
Check this 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

FILED
STAMP
MAR 31 2021
 BY CU 40B6-S
12:56

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 One Financial Plaza, Suite 2200		
City/Town Providence	State RI	Zip Code 02903
7. A brief statement of the business in which the partnership is engaged in: To engage in the 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.		
<i>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.</i>		
Type or Print Name of Partner A. Max Kohlenberg, Esq.	Date 3/29/21	
Signature of Resident Partner 		
Type or Print Name of Partner	Date	
Signature of Resident Partner		
Type or Print Name of Partner	Date	
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:

March 31, 2021 12:56 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

