



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

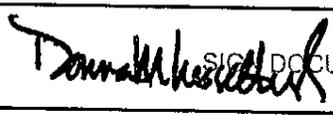
The undersigned, desiring to renew, a limited liability partnership under and by virtue of the powers conferred by RIGL 7-12-56, do execute the following Registration of Limited Liability Partnership:

1. Entity ID Number: 1695454	2. The name of the partnership is: Marasco & Nesselbush, LLP
3. The address of the principal office is:	
Street Address 685 WESTMINSTER STREET	
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
Donna M. Nesselbush, Esq.	181 Raleigh Ave., Pawtucket, RI
Joseph P. Marasco, Esq.	71 Flinstone Rd., Narragansett, RI
Check this box to indicate an attachment <input 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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STAMP
 FOR
 SECRETARY OF STATE
 USE ONLY

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 685 WESTMINSTER STREET		
City/Town PROVIDENCE	State RI	Zip Code 02903
7. A brief statement of the business in which the partnership is engaged in: The general practice of law and any and all other lawful business for which a limited liability partnership may be formed under the General Laws of Rhode Island, 1956, as amended.		
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 Donna M. Nesselbush	Date 4/3/20	
Signature of Resident Partner  SIGN DOCUMENT HERE		
Type or Print Name of Partner Joseph P. Marasco	Date 4/3/20	
Signature of Resident Partner  SIGN DOCUMENT HERE		
Type or Print Name of Partner	Date	
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.



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:

April 05, 2021 12:20 PM

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

Nellie M. Gorbea
Secretary of State

