



State of Rhode Island
Department of State - Business Services Division

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 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2021 APR 20 P 12:15

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:		
ALDRICH CPAS AND ADVISORS L.L.P.		
The name, if different, under which it proposes to register and transact business in Rhode Island is:		
n/a		
2. The jurisdiction, the laws of which govern its partnership agreement and under which it is registered as a Limited Liability Partnership, is:		
OREGON		
3. The address of the principal office is:		
Address 680 HAWTHORNE AVE SE, STE 140		
City/Town SALEM	State OR	Zip Code 97301
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 (NQT a P.O. Box) 450 VETERANS MEMORIAL PKWY #7A		
City/Town EAST PROVIDENCE	State RHODE ISLAND	Zip Code 02914

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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 BY: *[Signature]* 7KN4N
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5. The name and address of all resident partners in Rhode Island is:

NAME	ADDRESS
N/A	

Check the box to indicate an attachment

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

ACCOUNTING SERVICES

Check the box to indicate an attachment

7. Any other information that the partnership determines to include:

N/A

Check the box to indicate an attachment

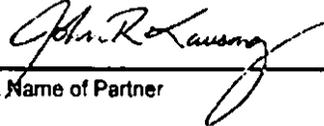
8. The partnership is a Registered Limited Liability Partnership. The notice shall be effective for 2 (two) years from the date of filing. Upon expiration the Foreign Limited Liability Partnership is responsible for filing a new notice.

Under penalty of perjury, I/we declare and affirm that I/we have examined this Notice of Foreign Limited Liability Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of Partner or Authorized Representative DAN LARSON	Date 4/7/2021
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Signature of Partner or Authorized Representative


Type or Print Name of Partner AKT SERVICES I.L.P	Date 4/7/2021
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Signature of Partner
By:  (John Lauseng, CEO)

Type or Print Name of Partner	Date
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Signature of Partner

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

Certificate of Existence 275Q354X2

I, SHEMA FAGAN, SECRETARY OF STATE, and Custodian of the Seal of said State, do hereby certify:

ALDRICH CPAS AND ADVISORS LLP

is

Registered

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.

In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.



A handwritten signature in black ink, appearing to read "Shemia Fagan".

SHEMA FAGAN, SECRETARY OF STATE

4/14/2021



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 20, 2021 12:15 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

