



State of Rhode Island

Department of State - Business Services Division

Registration of Limited Liability Partnership

DOMESTIC Limited Liability Partnership

→ Filing Fee: \$150.00

 RECEIVED
 STATE DEPT. OF STATE
 BUS SVCS DIV

2021 MAY -7 A 10

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. The name of the limited liability partnership is:

Weinberg & Co., LLP

2. The address of the principal office is:

Street Address

300 Centerville Road, Suite 350 Summit West

City/Town

Warwick

State

RI

Zip Code

02886

3. 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

4. The name and address of all resident partners is:

NAME

ADDRESS

Carl Weinberg CPA LTD

100 Beechwood Drive, Cranston, RI 02921

William L. Myers CPA

1005 Warwick Avenue, Warwick, RI 02888

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

MAY 07 2021

BY

FORM 500 - Revised: 08/2020

5. 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

300 Centerville Road, Suite 350W

City/Town

Warwick

State

RI

Zip Code

02886

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

To engage in the practice of Public Accounting pursuant to Title 5, Ch3 of the General Laws of Rhode Island 1956 as amended, and to transact any and all other lawful business permitted to a registered limited liability partnership in Rhode Island.

7. 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

Carl Weinberg

Date

5/6/21

Signature of Resident Partner

Type or Print Name of Partner

William L. Myers, CPA

Date

5/6/21

Signature of Resident Partner

William L. Myers

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:

May 07, 2021 10:11 AM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea

Secretary of State

