



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

 RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2021 MAY 26 PM 12:45

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. 001336953		2. The name of the partnership is: FERDINANDI & MASTRATI, LLP	
3. The address of the principal office is:			
Street Address 1441 Park Avenue			
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	
Steven J. Ferdinandi		8 Permain Road, Cranston, Rhode Island 02920	
Frank Mastrati, Jr.		132 Chandler Avenue, Cranston, Rhode Island 02910	
Check this box to indicate an attachment ☐			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

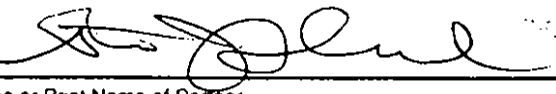
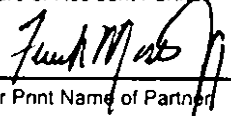
Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED *m*

MAY 26 2021

 BY *CA RWQMZ*
12:45

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 1441 Park Avenue		
City/Town Cranston	State RI	Zip Code 02920
7. A brief statement of the business in which the partnership is engaged in: Engaged in the general practice of law, as well as the operation of a law office.		
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 Steven J. Ferdinandi	Date 5/19/21	
Signature of Resident Partner  SIGN DOCUMENT HERE		
Type or Print Name of Partner Frank Mastrati, Jr.	Date 5/19/21	
Signature of Resident Partner  SIGN DOCUMENT HERE		
Type or Print Name of Partner	Date	
Signature of Resident Partner SIGN DOCUMENT HERE		



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 26, 2021 12:45 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

