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.	2. The name of the partnership is:
001336953	**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

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FORM 500A - Revised 11/2017

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.

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: **Steven J. Ferdinandi** | Date: 5/19/21

Signature of Resident Partner: [signature] SIGN DOCUMENT HERE

Type or Print Name of Partner: **Frank Mastrati, Jr.** | Date: 5/19/21

Signature of Resident Partner: [signature] 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.

RI SOS Filing Number: 202197220870 Date: 5/26/2021 12:45:00 PM

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

Nellie M. Gorbea
Secretary of State