State of Rhode Island
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:
000954034	**MARDO, LACHAPELLE & PALUMBO, LLP**

3. The address of the principal office is:

Street Address		
221 BROADWAY		
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
CUSHMAN, LLC	221 BROADWAY, PROVIDENCE, RI 02903
PALUMBO & LAPROVA, INC.	221 BROADWAY, PROVIDENCE, RI 02903
TIMOTHY J. MURRAY, CPA, LLC	221 BROADWAY, PROVIDENCE, RI 02903

Check this box to indicate an attachment ☐

4:01

FILED
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JUN 4 2021
BY E7KH1

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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		
221 BROADWAY		
City/Town	State	Zip Code
PROVIDENCE	RI	02903

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

CERTIFIED PUBLIC ACCOUNTANTS

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	Date
CUSHMAN, LLC	6/2/21

Signature of Resident Partner

Cushman, LLC by Robert M Cushman

Type or Print Name of Partner	Date

Signature of Resident Partner

Type or Print Name of Partner	Date

Signature of Resident Partner

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:

June 04, 2021 04:01 PM

Nellie M. Gorbea
Secretary of State