



State of Rhode Island  
**Department of State - Business Services Division**

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV

2021 JUN 22 A 10:59

**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:		
<b>MORRISON MAHONEY LLP</b>		
The name, if different, under which it proposes to register and transact business in Rhode Island is:		
2. The jurisdiction, the laws of which govern its partnership agreement and under which it is registered as a Limited Liability Partnership, is:		
MASSACHUSETTS		
3. The address of the principal office is:		
Address 250 SUMMER STREET		
City/Town	State	Zip Code
BOSTON	MA	02210
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 MARK T. NUGENT		
Street Address (NOT a P.O. Box) MORRISON MAHONEY LLP 10 WEYBOSSET STREET		
City/Town	State	Zip Code
PROVIDENCE	RHODE ISLAND	02903

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

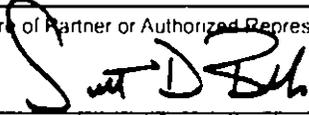
**FILED**  
 JUN 22 2021  
 BY [Signature] VT3V7  
 10:59

5. The name and address of all resident partners in Rhode Island is:	
NAME	ADDRESS
MARK T. NUGENT	4 Spindrift Way Barrington, RI 02806
Check the box to indicate an attachment <input type="checkbox"/>	
6. A brief statement of the business in which the partnership is engaged:	
Morrison Mahoney LLP is engaged in the practice of law.	
Check the box to indicate an attachment <input type="checkbox"/>	
7. Any other information that the partnership determines to include:	
Check the box to indicate an attachment <input type="checkbox"/>	

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 Scott D. Burke, Managing Partner	Date 06/15/21
--	------------------

Signature of Partner or Authorized Representative 
--

Type or Print Name of Partner	Date
-------------------------------	------

Signature of Partner
----------------------

Type or Print Name of Partner	Date
-------------------------------	------

Signature of Partner
----------------------



*The Commonwealth of Massachusetts*  
*Secretary of the Commonwealth*  
*State House, Boston, Massachusetts 02133*

William Francis Galvin  
Secretary of the  
Commonwealth

June 14, 2021

TO WHOM IT MAY CONCERN:

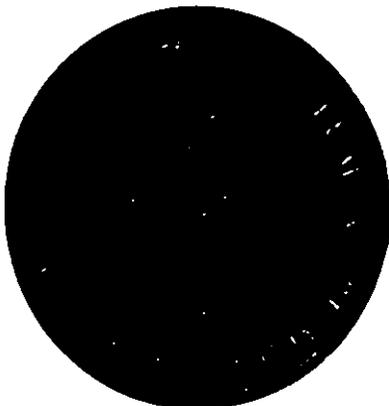
I hereby certify that a certificate of registration of a Foreign Limited Liability Partnership was filed in this office by

**MORRISON MAHONEY LLP**

in accordance with the provisions of Massachusetts General Laws Chapter 108A on **September 29, 1998**.

I also certify that said Foreign Limited Liability Partnership has filed all reports due and paid all fees with respect to such reports; that said registration has not been withdrawn or revoked; and that, so far as appears of record, said Foreign Limited Liability Partnership has legal existence and is in good standing with this office.

I further certify that the names of the partners authorized with respect to real property listed in the most recent filing are: **NONE**



In testimony of which,  
I have hereunto affixed the  
Great Seal of the Commonwealth  
on the date first above written.

*William Francis Galvin*

Secretary of the Commonwealth



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 22, 2021 10:59 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*

