



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

**Renewal of Registration of Limited Liability Partnership**

DOMESTIC Limited Liability Partnership

→ Filing Fee: \$50.00

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 BUS SVCS DIV

2021 JUL 15 P 2:04

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:<br><b>1338671</b>   |  | 2. The name of the partnership is:<br><b>Hanson Curran LLP</b> |                   |
| 3. The address of the principal office is:   |  |  |                   |
| Street Address<br>One Turks Head Place, Suite 550  |  |  |                   |
| City/Town<br>Providence  |  | State<br>RI  | Zip Code<br>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<br><b>RHODE ISLAND</b>                                   | Zip Code          |
| 5. The name and address of all resident partners is:   |  |  |                   |
| NAME   |  | ADDRESS  |                   |
| Mary Welsh McBurney  |  | 21 Hastings Ave., Pawtucket, RI 02861                          |                   |
| Joshua E. Carlin   |  | 55 Schooner Drive, Portsmouth, RI 02871                        |                   |
|  |  |  |                   |
|  |  |  |                   |
| Check this box to indicate an attachment <input type="checkbox"/>  |  |  |                   |

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**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 One Turks Head Place, Suite 550

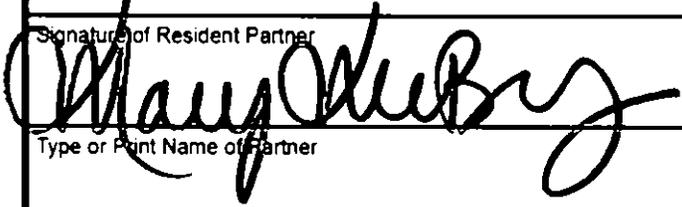
|                         |             |                   |
|-------------------------|-------------|-------------------|
| City/Town<br>Providence | State<br>RI | Zip Code<br>02903 |
|-------------------------|-------------|-------------------|

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

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<br>Mary Welsh McBurney | Date<br>7/8/21 |
|--|----------------|

Signature of Resident Partner  


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

Signature of Resident Partner

|                               |      |
|-------------------------------|------|
| 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:

July 15, 2021 02:04 PM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

