



Renewal of Registration of Limited Liability Partnership

DOMESTIC Limited Liability Partnership

→ Filing Fee: \$50.00

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 R.I. DEPT. OF STATE
 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: 1338671		2. The name of the partnership is: Hanson Curran LLP	
3. The address of the principal office is:			
Street Address One Turks Head Place, Suite 550			
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	
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 Providence	State RI	Zip Code 02903
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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 Mary Welsh McBurney	Date 7/8/21
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Signature of Resident Partner


Type or Print Name of Partner	Date
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Signature of Resident Partner

Type or Print Name of Partner	Date
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Signature of Resident Partner