



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: 001339205		2. The name of the partnership is: Bogue, Moylan & Marino, LLP	
3. The address of the principal office is:			
Street Address 55 Pine Street, 5th Floor			
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 Richard Bogue, Esq.			
Street Address (NOT a P.O. Box) 55 Pine Street, 5th Floor			
City/Town Providence		State RHODE ISLAND	Zip Code 02903
5. The name and address of all resident partners is:			
NAME		ADDRESS	
Richard A. Bogue		273 Finch Lane, Saunderstown, RI 02874	
Thomas J. Moylan		171 Milk Street, Suite 32, Boston, MA 02109	
Michael S. Marino		30 Stimson Avenue, Providence, RI 0290556	
Check this box to indicate an attachment <input type="checkbox"/>			

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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BY *[Signature]* 8:58

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:

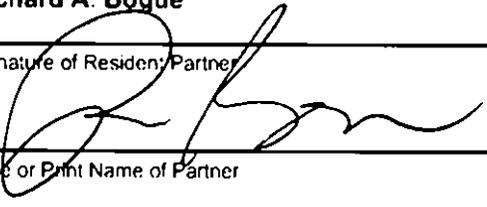
Street Address 55 Pine Street, 5th Floor		
City/Town Providence	State RI	Zip Code 02903

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 Richard A. Bogue	Date 7/5/21
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Signature of Resident Partner  SIGN DOCUMENT HERE

Type or Print Name of Partner	Date
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Signature of Resident Partner SIGN DOCUMENT HERE

Type or Print Name of Partner	Date
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Signature of Resident Partner SIGN DOCUMENT HERE



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 21, 2021 08:58 AM

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

Nellie M. Gorbea
Secretary of State

