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

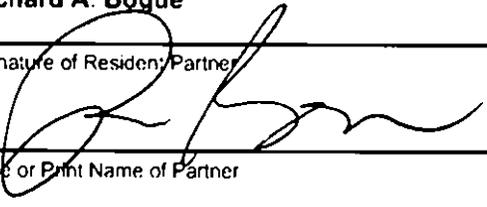
Street Address <b>55 Pine Street, 5th Floor</b>		
City/Town <b>Providence</b>	State <b>RI</b>	Zip Code <b>02903</b>

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 <b>Richard A. Bogue</b>	Date <b>7/5/21</b>
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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