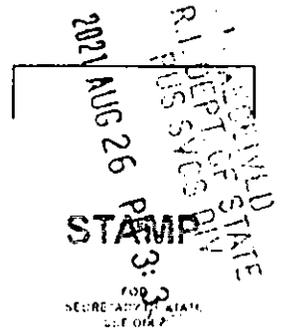




State of Rhode Island
 Department of State - Business Services Division



Registration of Limited Liability Partnership

DOMESTIC Limited Liability Partnership

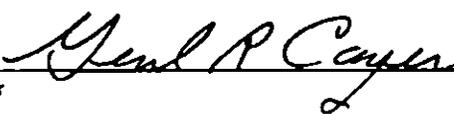
→ Filing Fee: \$150.00

The undersigned, desiring to form, a new 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. The name of the limited liability partnership is:		
CAYER CACCIA, LLP		
2. The address of the principal office is:		
Street Address 931 JEFFERSON BOULEVARD, SUITE 2007		
City/Town WARWICK	State RI	Zip Code 02886
3. 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
4. The name and address of all resident partners is:		
NAME	ADDRESS	
GERARD R. CAYER	75 INDEPENDENCE WAY, CRANSTON, RI 02921	
MARK V. CACCIA	56 HLLCREST DRIVE, CRANSTON, RI 02921	
DONNA T. CACCIA	56 HILLCREST DRIVE, CRANSTON, RI 02921	
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

FILED
STAMP
 AUG 26 2021
 FOR SECRETARY OF STATE USE ONLY
 BY GMQKX7
 FORM 500 - Revised: 08/2021

5. 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 931 JEFFERSON BOULEVARD, SUITE 2007		
City/Town WARWICK	State RI	Zip Code 02886
6. A brief statement of the business in which the partnership is engaged in: ACCOUNTING, AUDITING, TAX PLANNING AND RELATED SERVICES.		
7. 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.		
<i>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.</i>		
Type or Print Name of Partner GERARD R. CAYER, CPA, MST	Date 8/26/21	
Signature of Resident Partner 		
Type or Print Name of Partner MARK V. CACCIA, CPA, MST	Date 8/26/21	
Signature of Resident Partner 		
Type or Print Name of Partner DONNA T. CACCIA, CPA, MST	Date 8/26/21	
Signature of Resident Partner 		

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.



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:

August 26, 2021 03:33 PM

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

Nellie M. Gorbea
Secretary of State

