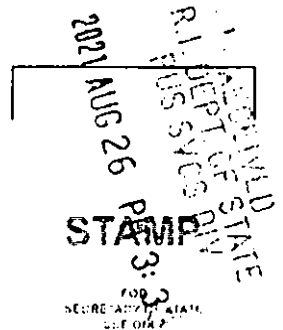




State of Rhode Island  
Department of State - Business Services Division



**Registration of Limited Liability Partnership**

DOMESTIC Limited Liability Partnership

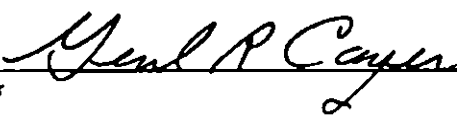

→ Filing Fee: \$150.00

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  
AUG 26 2021  
STAMP  
FOR SECRETARY OF STATE  
USE ONLY  
BY J. B. MARKS 7  
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 