



State of Rhode Island

Department of State - Business Services Division

 RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV
Registration of Limited Liability Partnership

DOMESTIC Limited Liability Partnership

2021 AUG 30 PM 2:50

STAMP
 FOR
 SECRETARY OF STATE
 (OFFICE USE)

→ 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:

Andsager, Bartlett & Pieroni L.L.P.

2. The address of the principal office is:

Street Address

1275 Wampanoag Trail, Suite 1

City/Town

East Providence

State

RI

Zip Code

02915

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

Kenneth J. Andsager

9 Old Chimney Road, Barrington, RI 02806

Christopher Bartlett

108 Greylock Drive, Portsmouth, RI 02821

Edward P. Pieroni

70 Arbor Way, East Greenwich, RI 02818

Check this box to indicate an attachment ☐**MAIL TO:**

Division of Business Services

148 W. River Street, Providence Rhode Island 02904-2615

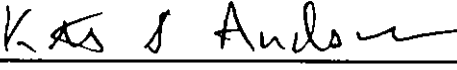
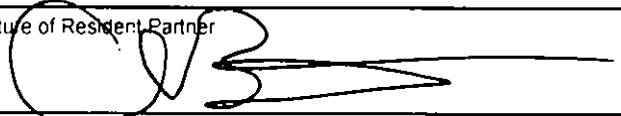

Phone: (401) 222-3040

Website: www.sos.ri.gov

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| | | |
|--|-------------|-------------------|
| 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 1275 Wampanoag Trail, Suite 1 | | |
| City/Town East Providence | State RI | Zip Code 02915 |
| 6. A brief statement of the business in which the partnership is engaged in: Practice of Accounting | | |
| 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 Kenneth J. Andsager | | Date 8/27/21 |
| Signature of Resident Partner  | | |
| Type or Print Name of Partner Christopher Bartlett | | Date 8/27/21 |
| Signature of Resident Partner  | | |
| Type or Print Name of Partner Edward P. Pieroni | | Date 8/27/21 |
| Signature of Resident Partner  | | |



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 30, 2021 02:50 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea", is written over a light blue circular watermark that matches the Seal of the State of Rhode Island.

Nellie M. Gorbea
Secretary of State

