



State of Rhode Island

Department of State - Business Services Division

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

2021 SEP 16 AM 11:07

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: 000714698		2. The name of the partnership is: Sayer Regan & Thayer, LLP	
3. The address of the principal office is:			
Street Address 130 Bellevue Avenue			
City/Town Newport		State RI	Zip Code 02840
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			
Street Address (<u>NOT</u> a P.O. Box)			
City/Town		State RHODE ISLAND	Zip Code
5. The name and address of all resident partners is:			
NAME		ADDRESS	
Richard N. Sayer		617 Paradise Avenue, Middletown, RI 02842	
Peter Brent Regan		28 South Acacia Drive, Middletown, RI 02842	
Mark M. Thayer		295 King Charles Drive, Middletown, RI 02842	
Check this box to indicate an attachment ☐			

MAIL TO:

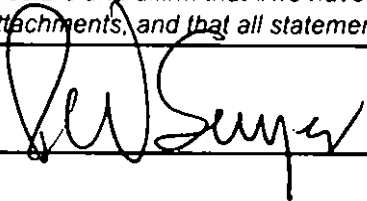
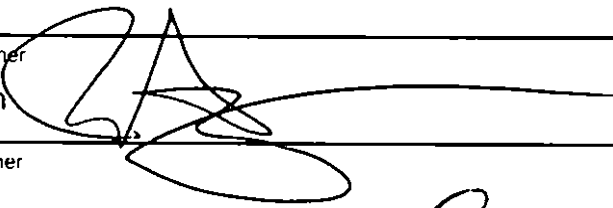
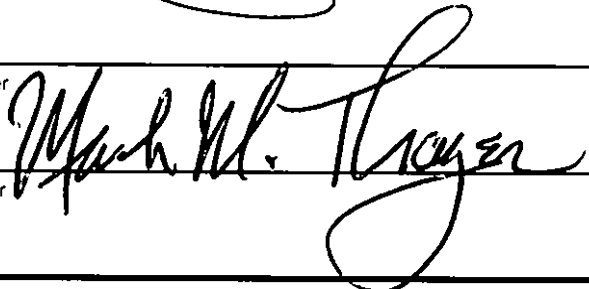
Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

 FILED^m
 SEP 16 2021
 BY CH 55CWW
 11:07

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 130 Bellevue Avenue		
City/Town Newport	State RI	Zip Code 02840
7. A brief statement of the business in which the partnership is engaged in: Law practice.		
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.		
<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 Richard N. Sayer		Date 9/14/2021
Signature of Resident Partner		
Type or Print Name of Partner Peter Brent Regan		Date 12/14/21
Signature of Resident Partner		
Type or Print Name of Partner Mark M. Thayer		Date 9/14/21
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:

September 16, 2021 11:07 AM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea", is written over a light blue circular watermark that matches the state seal.

Nellie M. Gorbea
Secretary of State

