



State of Rhode Island

## Department of State - Business Services Division

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BUS SVCS DIV  
2021 OCT -7 PM 1:06

## Notice of Registration

FOREIGN Limited Liability Partnership

→ Filing Fee: \$1,000.00

The undersigned, foreign registered limited liability partnership in accordance with RIGL 7-12-59, submits notice of its intent to transact business in the State of Rhode Island and for that purpose makes the following statement:

|                                                                                                                                                          |                       |                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------|
| 1. The name of the foreign limited liability partnership shall be:                                                                                       |                       |                   |
| Wipfli LLP                                                                                                                                               |                       |                   |
| The name, if different, under which it proposes to register and transact business in Rhode Island is:                                                    |                       |                   |
| na                                                                                                                                                       |                       |                   |
| 2. The jurisdiction, the laws of which govern its partnership agreement and under which it is registered as Limited Liability Partnership, is:           |                       |                   |
| Wisconsin                                                                                                                                                |                       |                   |
| 3. The address of the principal office is:                                                                                                               |                       |                   |
| Address<br>10000 Innovation Drive, Suite 250                                                                                                             |                       |                   |
| City/Town<br>Milwaukee                                                                                                                                   | State<br>WI           | Zip Code<br>53226 |
| 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<br>Cogency Global INC.                                                                                                                        |                       |                   |
| Street Address (NOT a P.O. Box)<br>222 Jefferson Blvd                                                                                                    |                       |                   |
| City/Town<br>Warwick                                                                                                                                     | State<br>RHODE ISLAND | Zip Code<br>02888 |

## 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 ASXDM

A.A. 2:44p.m.

5. The name and address of all resident partners in Rhode Island is:

| NAME | ADDRESS |
|------|---------|
| None |         |
|      |         |
|      |         |
|      |         |

Check the box to indicate an attachment ☐

6. A brief statement of the business in which the partnership is engaged:

CPA Firm

Check the box to indicate an attachment ☐

7. Any other information that the partnership determines to include:

Check the box to indicate an attachment ☐

8. The partnership is a Registered Limited Liability Partnership. The notice shall be effective for 2 (two) years from the date of filing. Upon expiration the Foreign Limited Liability Partnership is responsible for filing a new notice

*Under penalty of perjury, I/we declare and affirm that I/we have examined this Notice of Foreign Limited Liability Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.*

|                                                            |           |
|------------------------------------------------------------|-----------|
| Type or Print Name of Partner or Authorized Representative | Date      |
| Jeffrey W. Kowieski                                        | 9/13/2021 |

|                                                   |
|---------------------------------------------------|
| Signature of Partner or Authorized Representative |
| <i>Jeffrey W. Kowieski</i>                        |

|                               |      |
|-------------------------------|------|
| Type or Print Name of Partner | Date |
|                               |      |

|                      |
|----------------------|
| Signature of Partner |
|                      |

|                               |      |
|-------------------------------|------|
| Type or Print Name of Partner | Date |
|                               |      |

|                      |
|----------------------|
| Signature of Partner |
|                      |

DOM  
178

United States of America

State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, Patti Epstein, Administrator, Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

**WIPFLI LLP**

is a domestic limited liability partnership registered under the laws of this state and that its date of registration is September 23, 1996.

I further certify that said limited liability partnership has, within its most recently completed report year, filed an annual report required under sec. 178.0913, Wis. Stats., and that it has not filed articles of dissolution, cancellation or termination.



IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed the official seal  
of the Department on November 2, 2021.

*Patti Epstein*

PATTI EPSTEIN, Administrator  
Division of Corporate and Consumer Services  
Department of Financial Institutions

By: Maxwell Wilson

*Maxwell J. Wilson*



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:

November 08, 2021 02:44 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea", is written in a cursive style.

Nellie M. Gorbea  
*Secretary of State*

