



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:

BlueChip Financial Advisors, LLP

2. The address of the principal office is:

Street Address

34 Hemingway Drive

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

John A Lemme

26 Overhill Drive, West Warwick, RI 02893

Michael T Moretti

38 Hammitt View Drive, West Greenwich, RI 02817

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

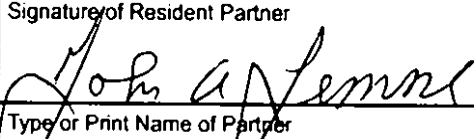
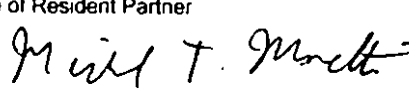
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BY

A.A.

FORM 500 - Revised: 08/2021

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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 34 Hemingway Drive		
City/Town East Providence	State RI	Zip Code 02915
6. A brief statement of the business in which the partnership is engaged in: FINANCIAL PLANNING SALES AND 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 John A Lemme		Date 11/10/2021
Signature of Resident Partner 		
Type or Print Name of Partner Michael T Moretti		Date 11/10/2021
Signature of Resident Partner 		
Type or Print Name of Partner		Date
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:

November 15, 2021 02:34 PM

A handwritten signature in blue ink, reading "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea
Secretary of State

