



State of Rhode Island

**Department of State - Business Services Division**

2021 NOV 15 PM 2:34  
R.I. DEPT OF STATE  
BUS SVCS DIV

**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](http://www.sos.ri.gov)

**FILED**

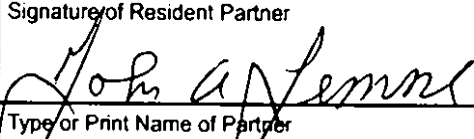

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A.A.

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		