State of Rhode Island
Department of State - Business Services Division

Renewal of Registration of Limited Liability Partnership

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:	2. The name of the partnership is:
1717215	McIntyre Tate LLP

3. The address of the principal office is:

Street Address		
50 Park Row West, Suite 109		
City/Town: Providence	State: RI	Zip Code: 02903

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 (NOT a P.O. Box)		
City/Town	State: **RHODE ISLAND**	Zip Code

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

NAME	ADDRESS
Jerry L. McIntyre	57 Newport Street, Jamestown, RI 02835
Deborah Miller Tate	125 Pitman Street, Unit 2C. Providence, RI 02906
David J. Strachman	261Fifth Street, Providence, RI 02906
Robert S. Parker	301 Howland Road, 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

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: 50 Park Row West, Suite 109

City/Town	State	Zip Code
Providence	RI	02903

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

The practice of law

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.

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.

Type or Print Name of Partner	Date
Deborah M. Tate	12/6/2021

Signature of Resident Partner

Deborah M. Tate

Type or Print Name of Partner	Date

Signature of Resident Partner

Type or Print Name of Partner	Date

Signature of Resident Partner

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

MCINTYRE TATE LLP
#1717215

Attachment to
2021 Renewal of Registration of Limited Liability Partnership

4. Names and Addresses of all Resident Partners:

Name	**Residence Address**
Robert J. Sgroi	1 West Exchange Street Unit 1902 Providence, RI 02903
Stephen M. Prignano	44 Kent View Drive Hope, RI 02831
Laura Ruzzo Reale	15 York Avenue Westerly, RI 02893

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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:

December 13, 2021 10:34 AM

Nellie M. Gorbea
Secretary of State