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2021 DEC 13 A 10:34



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: 1717215		2. The name of the partnership is: 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		261 Fifth 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

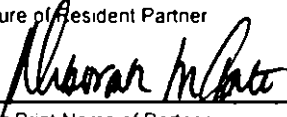
Website: www.sos.ri.gov

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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 Providence	State RI	Zip Code 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.		
<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 Deborah M. Tate	Date 12/6/2021	
Signature of Resident Partner 		
Type or Print Name of Partner	Date	
Signature of Resident Partner		
Type or Print Name of Partner	Date	
Signature of Resident Partner		

MCINTYRE TATE LLP
#1717215

Attachment to
2021 Renewal of Registration of Limited Liability Partnership

4. Names and Addresses of all Resident Partners:

<u>Name</u>	<u>Residence Address</u>
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



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

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

Nellie M. Gorbea
Secretary of State

