



State of Rhode Island
Department of State - Business Services Division

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV

2022 JAN 20 PM 12:31

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: 138316		2. The name of the partnership is: TAFT & McSALLY LLP	
3. The address of the principal office is:			
Street Address 21 Garden City Drive			
City/Town Cranston	State RI	Zip Code 02920	
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 (NOI a P.O. Box)			
City/Town	State RHODE ISLAND	Zip Code	
5. The name and address of all resident partners is:			
NAME		ADDRESS	
Robert D. Murray		75 Debbie Drive, Cranston, RI 02921	
John V. McGreen		Two Jenckes Court, Narragansett, RI 02882	
David H. Ferrara		170 Beechwood Drive, Cranston, RI 02921	
Check this box to indicate an attachment <input type="checkbox"/>			

12:31

FILED

JAN 20 2022

BY *[Signature]* R4AE3

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 21 Garden City Drive		
City/Town Cranston	State RI	Zip Code 02920

7. A brief statement of the business in which the partnership is engaged in:
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 Robert D. Murray	Date 1-12-22
---	-----------------

Signature of Resident Partner


Type or Print Name of Partner John V. McGreen	Date 1/12/22
--	-----------------

Signature of Resident Partner


Type or Print Name of Partner David H. Ferrara	Date 1-12-2022
---	-------------------

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:

January 20, 2022 12:31 PM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

