

Notice of Registration

FOREIGN Limited Liability Partnership

→ Filing Fee: \$1,000.00

The undersigned, foreign registered limited liability partnership in accordance with RIGL <u>7-12-59</u>, submits notice of its intent to transact business in the State of Rhode Island and for that purpose makes the following statement:

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nakes the following statement:		2
1. The name of the foreign limited liability partner	rship shall be:	
Jones Kelleher LLP		
The name, if different, under which it proposes to	register and transact business in Rhoo	de Island is:
The jurisdiction, the laws of which govern its p Limited Liability Partnership, is:	artnership agreement and under which	it is registered as a
Massachusetts		
3. The address of the principal office is:		
Address 21 Custom House Street Suite 600		
City/Town Boston	State MA	Zip Code 02110
4. If the partnership's principal office is not locate agent/office in Rhode Island is:	ed in Rhode Island, the name and addre	ess of the initial registered
Agent Name Ralph R. Liguori		
Street Address (<u>NOT</u> a P.O. Box) Jones Kelleher	LLP One Center Place	
City/Town_	State	Zip Code
Providence	RHODE ISLAND	02903

MAIL TO:

Division of Business Services

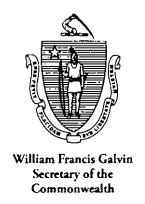
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED STAMP AUG 1 2 2022 BOY GMW 3 1

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5. The name and address of all resident partners in Rhode Island is:			
NAME	ADDRESS		
Ralph R. Liguori	43 Womantam Lane Cumberland, RI 02864		
	Check the box to indicate an attachment		
6. A brief statement of the business in which the partnership is engaged:			
The partnership is in the business of providir	ng legal services.		
	<u>.</u>		
	Check the box to indicate an attachment		
7. Any other information that the partnership	determines to include:		
	Check the box to indicate an attachment		

8. The partnership is a Registered Limited Liability Partnership. The notice shall be effectiv of filing. Upon expiration the Foreign Limited Liability Partnership is responsible for filing a			
Under penalty of perjury, I/we declare and affirm that I/we have examined this Notice of Foreign Limited Liability Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.			
Type or Print Name of Partner or Authorized Representative	Date		
Ralph R. Liguori	8/11/2022		
Signature of Partner or Authorized Representative			
Type of Port Name of Partner	Date		
Signature of Partner			
Type of Print Name of Partner	Date		
Signature of Partner			



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02133

August 1, 2022

TO WHOM IT MAY CONCERN:

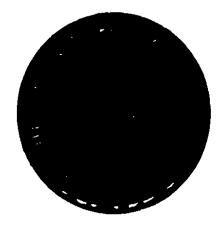
I hereby certify that a certificate of registration of Limited Liability Partnership was filed in this office by

JONES KELLEHER LLP

in accordance with the provisions of Massachusetts General Laws Chapter 108A on November 8, 2013.

I also certify that said Limited Liability Partnership has filed all reports due and paid all fees with respect to such reports; that said registration has not been withdrawn or revoked; and that, so far as appears of record, said Limited Liability Partnership has legal existence and is in good standing with this office.

I further certify that the names of the partners authorized with respect to real property listed in the most recent filing are: ROBERT A. DELELLO, PATRICK T. JONES, RALPH R. LIGUORI, TIMOTHY C. KELLEHER III, RICHARD W. PATERNITI



Processed By:sam

In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

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