RI SOS Filing Number: 202325942250 Date: 1/12/2023 8:39:00 AM



RECEIVED R.I. DEPT. OF STATE BAS SYCHOLOU STAPP 2023 JAN 12 A 8: 39

Renewal of Registration of Limited Liability Partnership

DOMESTIC Limited Liability Partnership

→ Filing Fee: \$50.00

1. Entity ID Number:		execute the following Registration of Limited Liability Partnership: 2. The name of the partnership is:							
99338		Gilstein, Kinder & Levin, LLP							
3. The address of the prin	icipal office is:								
Street Address 300 Met	tro Center Blvd., Suite 150A	1							
City/Town Warwick		State RI	Zip Code 02886						
4. If the partnership's princ agent/office in Rhode Islan	cipal office is not located in Rhodond is:	e Island, the name and address	of the initial registered						
Agent Name									
Street Address (NOT a P.0	O. Box)								
City/Town		State RHODE ISLAND	Zip Code						
5. The name and address	s of all resident partners is:	•	**************************************						
NAME	ADDRESS								
Andrew M. Gilstein	49 Timberli	49 Timberline Road, Warwick, RI 02886							
Ralph M. Kinder	157 Rocha	157 Rochambeau Avenue, Providence, RI 02906							
Carl S. Levin	Levin 73 Edgewater Road, Narragansett, RI 02882								
	<u> </u>	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 partnersh	p are maintained; or,	if more than one location for business
records is maintained, list the principal place of business of the	ne partnership:	
Street Address 300 Metro Center Blvd., Suite 150A		
City/Town Warwick	State RI	Zip Code 02886
7. A brief statement of the business in which the partnership i	s engaged in:	
Practice of law		
8. This application has been executed by a majority in interes	t of the partners or h	v one (1) or more partners authorized to
execute an application.		y che (17 chi more paratera adalement
Under penalty of perjury, I/we declare and affirm that I/we had including any accompanying attachments, and that all statem		
Type or Print Name of Partner		Date
Andrew M. Gilstein		1/11/23
Signature of Resident Partner India M Martiner		•
Type or Print Name of Partner		Date
Ralph M. Kinder		1/11/23
Signature of Resident/Partner		
MUSUL		
Type or Print Name of Partner		Date
Carl S. Levin		1/11/23
Signature of Resident Partner		
Ognotore of Nestern Parity		

				ATE OF LIA					1/	(MM/DD/YYY) /10/2023	
8 8	HIS CERTIFICATE IS ISSUED AS A ERTIFICATE DOES NOT AFFIRMAT ELOW. THIS CERTIFICATE OF IN EPRESENTATIVE OR PRODUCER, A	TIVEL Sura	Y OI	R NEGATIVELY AMENE E DOES NOT CONSTITU), EXTEND	OR AL	TER THE C	OVERAGE AFFORDE	D BY 1	THE POLICIES	
th	PORTANT: If the certificate holder to terms and conditions of the policy artificate holder in lieu of such endo	,, cerl	tain ;	policies may require an :	policy(ie endorsem	s) must ent. A si	be endorse: tatement on	d. If SUBROGATION this certificate does r	S WAIV	ED, subject to er rights to the	
_	OUCER	180111	muja	<u>). </u>	CONTACT						
	USI Affinity					NAME					
14 Cliffwood Ave , Suite 310 Matawan, NJ 07747					(A/C, No. Ext). (A/C, No): E MAAL						
					INSURER(S) AFFORDING COVERAGE NAIC 8						
-	IRED Cilctoin Kinder & Lovie LLD				DISURER A: BERKLEY INSURANCE COMPANY						
may	Olistelli, Kinder & Leviri, LLP				PRINTER B:						
	300 Metro Center Blvd, Suite 1 Warwick		^^0	ac .	INSURER C:					· · · · · · · · · · · · · · · · · · ·	
	TTAI WICK	RI	0288	30	Atsurer D:					 	
					INSURER E:				•	† :	
CO	VERAGES CER	TIFIC	ATE	NUMBER:	NSURER F			REVISION NUMBER:		<u> </u>	
TI	HIS IS TO CERTIFY THAT THE POLICIES	OF I	NSUF	PANCE LISTED BELOW HA	VE BEEN IS	SSUED TO	THE INSUR	ED NAMED ABOVE FOR	THE PC	LICY PERIOD	
IN C	IDICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH I	EQUIR PERT	EME! AIN. CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY CO ED BY THE BEEN RED	ONTRACT	OR OTHER	DOCUMENT WITH RESP TO HEREIN IS SUBJECT	PECT TO	WHICH THIS	
LTR	TYPE OF INSURANCE	MSR		POLICY NUMBER		ppyrry	(HINDOAYYY)	uli	hTS		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	S S		
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence) MED EXP (Any one person)			
ı								PERSONAL & ADV INJURY	İs		
								GENFRAL AGGREGATE	5		
	GENT AGGREGATE LIMIT APPLIES PER							PRODUCTS - COMP/OP AG	s		
	POLICY PRO- LOC	Ш							s		
	AUTOMOBILE LIABILITY				l			COMBINED SINGLE LIMIT (Ea ecodert)	s		
	ANY AUTO					-		BOOILY INJURY (Per person	-		
	AUTOS AUTOS NON-OWNED							PROPERTY DAMAGE	10 \$		
	HIRED AUTOS AUTOS							(Per accident)	+ <u>*</u>	- · · ·	
	UMBRELLA LIAB OCCUR	╁═╅	_					EACH OCCURRENCE	15		
	EXCESS LIAS CLAIMS MADE							AGGREGATE	 -		
	DED RETENTION\$								5		
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY		•					WC STATU- OTI			
	ANY PROPRIETOR/PARTHER/EXECUTIVE	N/A						E L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mendatory in NH) If yes, describe under	.						É L DISEASE - EA EMPLOY	F 6 8		
	DESCRIPTION OF OPERATIONS below	<u> </u>		· -				E.L. DISEASE - POLICY LIMI	T S		
Α	Lawyers Professional Liability	<u> </u>		PLP-932462-P14	10	25/2022	10/25/2023		\$	3,000,000	
		į						Aggregate Deductible	S S	3,000,000 10,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (A	Altach	ACORD 181, Additional Remarks	s Schedule, if	more spece	is required)				
CE	RTIFICATE HOLDER				CANCEL	LATION					
RI Supreme Court 250 Benefit Street Providence RI 02903					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
					AUTHORIZED REPRESENTATIVE Musical Musical						

© 1988-2010 ACORD CORPORATION. All rights reserved.

RI SOS Filing Number: 202325942250 Date: 1/12/2023 8:39:00 AM



I, GREGG M. AMORE, 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 12, 2023 08:39 AM

Gregg M. Amore Secretary of State

Tregs M. Coure

