



State of Rhode Island

Department of State - Business Services Division

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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: 99338		2. The name of the partnership is: Gilstein, Kinder & Levin, LLP	
3. The address of the principal office is:			
Street Address 300 Metro Center Blvd., Suite 150A			
City/Town Warwick		State RI	Zip Code 02886
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	
Andrew M. Gilstein		49 Timberline Road, Warwick, RI 02886	
Ralph M. Kinder		157 Rochambeau Avenue, Providence, RI 02906	
Carl S. Levin		73 Edgewater Road, Narragansett, RI 02882	
Check this box to indicate an attachment <input type="checkbox"/>			

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

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 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.

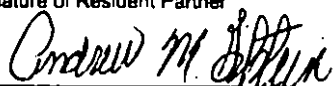
Type or Print Name of Partner

Andrew M. Gilstein

Date

1/11/23

Signature of Resident Partner



Type or Print Name of Partner

Ralph M. Kinder

Date

1/11/23

Signature of Resident Partner



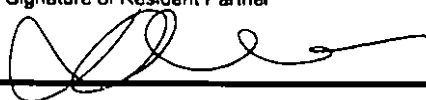
Type or Print Name of Partner

Carl S. Levin

Date

1/11/23

Signature of Resident Partner





State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

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

A handwritten signature in black ink that reads "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore
Secretary of State

