



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

STAMPFOR
OFFICIAL USE ONLY

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: 887536		2. The name of the partnership is: BREWSTER THORNTON GROUP ARCHITECTS, LLP	
3. The address of the principal office is:			
Street Address 317 IRON HORSE WAY, SUITE 202			
City/Town PROVIDENCE		State RI	Zip Code 02908
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	
Barbara J. Thornton		317 IRON HORSE WAY, SUITE 202, PROVIDENCE, RI 02908	
Nathaniel Ginsburg		317 IRON HORSE WAY, SUITE 202, PROVIDENCE, RI 02908	
Patrick M. Connors		317 IRON HORSE WAY, SUITE 202, PROVIDENCE, RI 02908	
Check this box to indicate an attachment <input type="checkbox"/>			

FILED**JAN 15 2023 STAMP**BY 58467FOR
OFFICIAL USE ONLY**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

317 IRON HORSE WAY, SUITE 202

City/Town

PROVIDENCE

State

RI

Zip Code

02908

7. A brief statement of the business in which the partnership is engaged in:

GENERAL PRACTICE OF ARCHITECTURAL SERVICES

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

BARBARA J. THORNTON

Date

Jan. 15, 2023

Signature of Resident Partner



Type or Print Name of Partner

NATHANIEL GINSBURG

Date

JAN. 10, 2023

Signature of Resident Partner



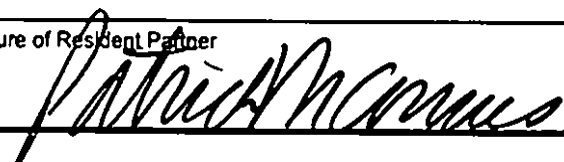
Type or Print Name of Partner

PATRICK M. CONNORS

Date

Jan 19, 2023

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 15, 2023 03:53 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore
Secretary of State

