



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

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:

RECEIVED
RI, DEPT. OF STATE
BUS. SVCS. DIV.
2023 FEB 10 PM 1:04

1. Entity ID Number: 001692837		2. The name of the partnership is: TC Accounting Solutions, LLP	
3. The address of the principal office is:			
Street Address 5835 Post Road, Suite 214			
City/Town East Greenwich		State RI	Zip Code 02818
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	
Brian Clavet		23 Yeles Lane, Rockville, RI 02873	
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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BY *NS Leg A*

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

5835 Post Road, Suite 214

City/Town

East Greenwich

State

RI

Zip Code

02818

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

Accounting and Bookkeeping 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

Brian Clavet

Date

2/7/2023

Signature of Resident Partner

Type or Print Name of Partner

Date

Signature of Resident Partner

Type or Print Name of Partner

Date

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:

February 10, 2023 01:04 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of each word being capitalized.

Gregg M. Amore
Secretary of State

