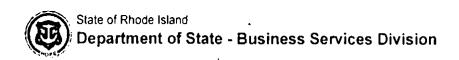
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## Renewal of Registration of Limited Liability Partnership

**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:

			"O"p.	
1. Entity ID Number:	2. The name of the partnership is:			
001692837	TC Accounting Solutions, LLP			
3. The address of the principa	al office is:			
Street Address 5835 Post F	Road, Suite 214			
City/Town East Greenwich		State RI	Zip Code 02818	
4. If the partnership's principa agent/office in Rhode Island i	al office is not located in Rhode is:	Island, the name and address	s of the initial registered	
Agent Name				
Street Address ( <u>NOT</u> a P.O. E	3ox)	,		
City/Town		State RHODE ISLAND	Zip Code	
5. The name and address of	all resident partners is:	<u> </u>		
NAME	ADDRESS			
Brian Clavet	23 Yeles La	23 Yeles Lane, Rockville, RI 02873		
			****	
<del></del>		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 FILED
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7. X

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 Bookkerping Seri	- /N&}				
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		Date			
Brian Clavet		2/7/2023			
Signature of Resident Partner					
Type of Print Name of Partner		Date			
Signature of Resident Partner					
Type or Print Name of Partner		Date			
Signature of Resident Parlner	1				

RI SOS Filing Number: 202328131200 Date: 2/10/2023 1:04:00 PM



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

Gregg M. Amore Secretary of State

Tregs M. Coure

