



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: <b>001707034</b>		2. The name of the partnership is: <b>Sammartino &amp; Berg LLP</b>	
3. The address of the principal office is:			
Street Address <b>1350 Division Road, Suite 102</b>			
City/Town <b>West Warwick</b>		State <b>RI</b>	Zip Code <b>02893</b>
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 <b>RHODE ISLAND</b>	Zip Code
5. The name and address of all resident partners is:			
NAME		ADDRESS	
Andrew Berg		1350 Division Road, Ste 102, West Warwick, RI 02893	
Catherine Sammartino		1350 Division Road, Ste 102, West Warwick, RI 02893	
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](http://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 1350 Division Road, Ste 102		
City/Town West Warwick	State RI	Zip Code 02893
7. A brief statement of the business in which the partnership is engaged in: The 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.		
<i>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.</i>		
Type or Print Name of Partner Andrew Berg	Date 4/4/2023	
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		

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email [corporations@sos.ri.gov](mailto:corporations@sos.ri.gov).



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:

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

Gregg M. Amore  
*Secretary of State*

