



State of Rhode Island
Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS DIV

Renewal of Registration of Limited Liability Partnership 2023 APR 10 PM 3:00

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: 000943967		2. The name of the partnership is: Gidley, Sarli & Marusak, LLP	
3. The address of the principal office is:			
Street Address One Turks Head Place, Suite 900			
City/Town Providence		State RI	Zip Code 02903
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 N/A			
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	
James P. Marusak		1071 Great Road, Lincoln, RI 02865	
Michael R. De Luca		89 Terrace Avenue, Warwick, RI 02889	
Andrea L. Merolla-Simister		525 Oak Grove Avenue, Fall River, MA 02723	
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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APR 10 2023

BY **PBF**
A.A. 3:00 PM

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

One Turks Head Place, Suite 900

City/Town

Providence

State

RI

Zip Code

02903

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.

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

James P. Marusak

Date

04/07/2023

Signature of Resident Partner

Type or Print Name of Partner

Michael R. De Luca

Date

04/07/2023

Signature of Resident Partner

Type or Print Name of Partner

Andrea L. Merolla-Simister

Date

04/07/2023

Signature of Resident Partner