

State of Rhode Island Department of State - Business Services Division

Election to Comply for a Limited Liability Partnership DOMESTIC Limited Liability Partnership

→ Filing Fee: \$10.00

The undersigned limited liability partnership, desiring to comply with the provisions of RI Gen. Laws 7-12 1-110 1, executes the following statement:

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1. Entity ID Number:	2. The name of the limited liability partnership is:		
001725847	Soundview Orthopaedics Assoc. LLP		
3. The partnership is a limited liability partnership and is electing to comply with the provisions of RI Gen. Laws 7-12.1.			
4. The partnership will have a perpetual status that remains effective, regardless of changes to the partnership, until it is canceled or revoked in accordance with the provisions of RI Gen. Laws 7-12.1-903.			
5. The partnership designates as its registered agent in the State of Rhode Island:			
Agent Name Paul Filippetti			
Street Address (NOT a P.O. Box) 107 Airport Road			
City/Town Westerly		State RHODE ISLAND	Zip Code 02891
6. This statement has been approved by the affirmative vote or consent necessary to amend the partnership agreement except, in the case of a partnership agreement that expressly addresses obligations to contribute to the partnership, the affirmative vote or consent necessary to amend those provisions.			
7. This statement is effective upon filing.			
8. Under penalty of penury, I declare and affirm that I have examined this document, including any accompanying attachments, and that all statements contained herein are true and correct.			
Type or Print Name of Authorized Representation Chris Hopker Hute		Capacity: Partner	
Signature of Authorized Representative:			Date 5 9 123

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