

## RECEIVED R.I. DEPT. OF STATE SUS SYCS PLY 2023 MAY 18 A II: 38

## **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 <u>7-12 1-110 1</u>, executes the following statement:

1. Entity ID Number.	2. The name of the limited liability partnership is.		
544355	Partridge Snow & Hahn 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 Jay R. Peabody, Esq.			
Street Address ( <u>NOT</u> a P.O. Box) Partridge Snow & Hahn LLP, 40 Westminster St., Ste. 1100			
City/Town Providence		State RHODE ISLAND	Zip Code 02903
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 perjury, 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 Represent	ative:	Capacity	
Jay R. Peabody, Esq.		-Partner	
Signature of Authorized Representative	<u> </u>	Date 57	118/23

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri gov MAY 18 2023 BY 73972