



State of Rhode Island  
Department of State - Business Services Division

RECEIVED  
RI DEPT. OF STATE  
BUS SVCS DIV  
2023 MAY 24 PM 1:06

**Statement of Qualification of Limited Liability Partnership**  
DOMESTIC Limited Liability Partnership


→ Filing Fee: \$150.00

The undersigned, desiring to form a new limited liability partnership under and by virtue of the powers conferred by RIGL 7-12.1-901, do execute the following Statement of Qualification of Limited Liability Partnership.

1. The name of the limited liability partnership is:		
MARASCO AND NESSELBUSH, LLP		
2. The address of the principal office is:		
Street Address		
685 WESTMINSTER ST		
City/Town	State	Zip Code
PROVIDENCE	RI	02903
3. The name and address of the initial registered agent/office in Rhode Island is		
Agent Name		
STEVEN DELUCA STEIN		
Street Address (NOT a P.O. Box)		
1 TURKS HEAD PLACE		
City/Town	State	Zip Code
PROVIDENCE	RHODE ISLAND	02903
4. The name and address of each partner is (This is optional):		
NAME	ADDRESS	
DONNA M. NESSELBUSH	181 RALEIGH AVE PAWTOCKET, RI 02860	
JOSEPH P. MARASCO	71 FLINTSTONE RD NARRAGANSETT, RI 02882	
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

FILED  
MAY 24 2023  
BY 2023F  
AA 1:06 PM  
FORM 500 - Revised 04/2023

5. By filing this statement, the partnership elects to become a limited liability partnership.	
6. The partnership has the purpose of engaging in any lawful business, and shall have perpetual existence until cancelled or terminated in accordance with RIGL 7-12.1.	
7. Date when this Statement of Qualification will be effective <b>CHECK ONE BOX ONLY</b>	
<input checked="checked" type="checkbox"/> Date received (Upon filing)	
<input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____	
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 Statement of Qualification of Limited Liability Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.</i>	
Type or Print Name of Authorized Person  Joseph P. MARASCO	Date  5/17/23
Signature of Authorized Person  	



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:

May 24, 2023 01:06 PM

A handwritten signature in black ink, reading "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

