

R.I. DEPT. OF STATE
BUS SVCS DIV

State of Rhode Island

Department of State - Business Services Division

2023 JUN 27 A 10:45

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV**Renewal of Registration of Limited Liability Partnership**

DOMESTIC Limited Liability Partnership

2023 JUN 16 PM 12:20

→ 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: 001666329		2. The name of the partnership is: Boisseau & Dean LLP	
3. The address of the principal office is:			
Street Address 155 South Main Street, Suite 405			
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 Charles H. Boisseau, Esq.			
Street Address (NOT a P.O. Box) 155 South Main Street, Suite 405			
City/Town Providence	State RHODE ISLAND	Zip Code 02903	
5. The name and address of all resident partners is:			
NAME		ADDRESS	
Charles H. Boisseau		132 County Road, Barrington, RI 02806	
John C. Dean		106 Old Harbor Road, Westport, MA 02790	
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**JUN 27 2023**BY **KPSR3**
A.A. 10:45 AM

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

155 South Main Street, Suite 405

City/Town

Providence

State

RI

Zip Code

02903

7. A brief statement of the business in which the partnership is engaged in:

law practice

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.

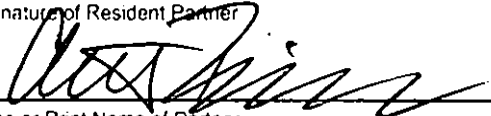
Type or Print Name of Partner

Charles H. Boisseau

Date

6/14/23

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



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:

June 27, 2023 10:45 AM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of each word being capitalized.

Gregg M. Amore
Secretary of State

