



State of Rhode Island
Department of State - Business Services Division

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Renewal of Registration of Limited Liability Partnership

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: 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

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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.

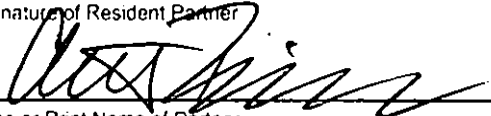
Type or Print Name of Partner

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