



State of Rhode Island
Department of State - Business Services Division

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 BUS SVCS DIV

2023 JUN 30 P 1:15

Renewal of Registration of Limited Liability Partnership

STAMP

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: 001699601		2. The name of the partnership is: Beagan & Beagan LLP	
3. The address of the principal office is:			
Street Address 260 West Exchange Street, Ste 101			
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 Michael Beagan			
Street Address (NOT a P.O. Box) 260 West Exchange Street, Ste 101			
City/Town Providence		State RHODE ISLAND	Zip Code 02903
5. The name and address of all resident partners is:			
NAME		ADDRESS	
Michael Beagan		615 Newport Ave, Quincy, MA 02170	
Joseph Beagan		5 Gaspee Road, Narragansett, RI 02882	
Check this box to indicate an attachment <input type="checkbox"/>			

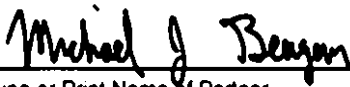
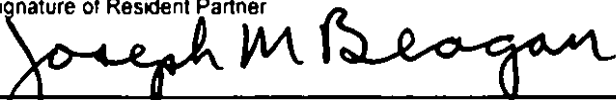
MAIL TO:

Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED

JUN 30 2023

BY **Beagan**
AA 1:15pm

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 260 West Exchange Street, Ste 101		
City/Town Providence	State RI	Zip Code 02902
7. A brief statement of the business in which the partnership is engaged in: Legal Services		
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 Certificate of Limited Liability Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.</i>		
Type or Print Name of Partner Michael Beagan		Date 6/23/23
Signature of Resident Partner 		
Type or Print Name of Partner Joseph Beagan		Date 6/23/23
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 30, 2023 01:15 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore
Secretary of State

