

State of Rhode Island **Department of State - Business Services Division**

Designation of Registered Agent/Office

the Partnership and that all statements contained herein are true and correct. riper or Authorized Representative

Signature of the a General Partner or Authorized Representative

Blackman

Designation of Regi ed DOMESTIC or FOREIGN	_		1:18: 8:0 STAMI!
→ No Filing Fee			18
	RIGL <u>7-13.1-118</u> or <u>7-12.1-909</u> purpose of designating a regi		
1. Entity ID Number 1736 153	2. Exact Name of the Partner Levy & B	Plackman LLF)
3. The address of the register			
Street Address (NOT a P.O. Box	469 Angell S	Street, Suite 2	
City/Town Providency	<u> </u>	State RHODE ISLAND	Zip 02906
4. The name of the registered harles	agent is: Blackman		
5. Under penalty of periury, I a	declare and affirm that I have o	examined this Statement of De	esignation of Registered Office by

10/24/2023

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri gov