



State of Rhode Island  
Department of State - Business Services Division

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STATE

## Designation of Registered Agent/Office

DOMESTIC or FOREIGN Partnership

→ No Filing Fee

Pursuant to the provisions of RIGL 7-13.1-118 or 7-12.1-909 the undersigned partnership submits the following statement for the purpose of designating a registered agent and office in the State of Rhode Island:

1. Entity ID Number 1692837	2. Exact Name of the Partnership TC Accounting Solutions, LLP		
3. The address of the registered office is:			
Street Address (NOT a P.O. Box) 5835 Post Road, Suite 214			
City/Town East Greenwich	State RHODE ISLAND	Zip 02818	
4. The name of the registered agent is: Brian S. Clavet			
5. Under penalty of perjury, I declare and affirm that I have examined this Statement of Designation of Registered Office by the Partnership, and that all statements contained herein are true and correct.			
Name of a General Partner or Authorized Representative Brian Clavet		Date 10/31/23	
Signature of the a General Partner or Authorized Representative [Signature]			

### MAIL TO:

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

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STAMP

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