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

## **Designation of Registered Agent/Office**

DOMESTIC or FOREIGN Partnership

→ No Filing Fee

Pursuant to the provisions of RIGL <u>7-13,1-118</u> or <u>7-12,1-909</u> the undersigned partnership submits the following statement for the purpose of designating a registered agent and office in the State of Rhode Island:

E S REC'D RIDMS BSD 23 NOU 3 AN 1:56:27

1. Entity ID Number	2. Exact Name of the Partnership Bengtson & Jestings, LLP		
1674900			
3. The address of the reg	istered office is:		
Street Address ( <u>NOT</u> a P.O. 40 Westminster	Box) Street, Suite 300		
City/Town Providence		RHODE ISLAND	Zip 02903
4. The name of the regist	ered agent is:	<u>-</u> -	
John P. McCOy			
	ry, I declare and affirm that I have ex all statements contained herein are		esignation of Registered Office by
Name of a General Partner or Authorized Representative			Date
John P. McCoy			11/1/23
Signature of the a Sener	al Partner or Authorized Representat	tive	

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.rr.gov NOV 03 2023 BY AA. II. SIDAM