



State of Rhode Island
Department of State - Business Services Division

Statement of Qualification of Limited Liability Partnership

DOMESTIC Limited Liability Partnership

→ Filing Fee: \$150.00

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The undersigned, desiring to form a new limited liability partnership under and by virtue of the powers conferred by RIGL 7-12.1-901, do execute the following Statement of Qualification of Limited Liability Partnership.

1. The name of the limited liability partnership is:		
Pacia & Pacia, LLP		
2. The address of the principal office is:		
Street Address 50 Power Road		
City/Town Pawtucket	State RI	Zip Code 02860
3. The name and address of the initial registered agent/office in Rhode Island is:		
Agent Name Richard A. Pacia, Esquire		
Street Address (NOT a P.O. Box) 50 Power Road		
City/Town Pawtucket	State RHODE ISLAND	Zip Code 02860
4. The name and address of each partner is (This is optional.):		
NAME	ADDRESS	
Richard Angelo Pacia	50 Power Road, Pawtucket, RI 02860	
Richard James Angelo Pacia	50 Power Road, Pawtucket, RI 02860	
Check this box to indicate an attachment <input type="checkbox"/>		

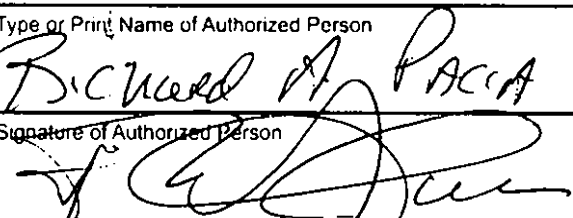
MAIL TO:

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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5. By filing this statement, the partnership elects to become a limited liability partnership.	
6. The partnership has the purpose of engaging in any lawful business, and shall have perpetual existence until cancelled or terminated in accordance with RIGL <u>7-12.1</u> .	
7. Date when this Statement of Qualification will be effective: CHECK ONE BOX ONLY	
<input type="checkbox"/> Date received (Upon filing)	
<input checked="" type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) <u>1/1/2024</u>	
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 Statement of Qualification of Limited Liability Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.</i>	
Type or Print Name of Authorized Person <u>Richard A. Pacca</u>	Date <u>12/22/2023</u>
Signature of Authorized Person 	



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:

December 22, 2023 03:12 PM

A handwritten signature in black ink, reading "Gregg M. Amore".

Gregg M. Amore
Secretary of State

