State of Rhode Island
Office of the Secretary of State

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Fee: $50.00

Limited Liability Partnership Annual Report

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-12.1-913(e), each partnership failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-12.1-913(c&d)) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024

1. ID No. 000132457

2. Exact Name of the Partnership Ratcliffe Harten Galamaga LLP

3. State of Formation

State: RI

NAICS CODE

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.

541110

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

THE PRACTICE OF LAW

5. Principal Office Address

No. and Street: 40 WESTMINSTER STREET, 7TH FLOOR
City or Town: PROVIDENCE State: RI Zip: 02903 Country: USA

6. The name and business address of one or more partner(s):

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PARTNER	STEPHEN P HARTEN	118 FOX HOLLOW ROAD NORTH KINGSTOWN, RI 02852 USA
PARTNER	PAUL F GALAMAGA	65 WESTFORD AVE WARWICK, RI 02889 USA

PARTNER	JAMES RICHARD RATCLIFFE	20 HOUSTON AVE. NEWPORT, RI 02840 USA

7. This report must be executed by an Authorized Representative pursuant to R.I.G.L. 7-12.1-108.

Signed this 29 Day of January, 2024 at 10:50:35 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the partnership, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-12.1*

By CHERYL A. ROSE
Signature of Authorized Person

Form No. 643
Revised 10/23