



State of Rhode Island  
Department of State - Business Services Division

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# 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:		
Damiano & Company, LLP		
2. The address of the principal office is:		
Street Address 200 Centerville Road, Suite 1		
City/Town Warwick	State RI	Zip Code 02886
3. The name and address of the initial registered agent/office in Rhode Island is:		
Agent Name Steven Damiano		
Street Address (NOT a P.O. Box) 200 Centerville Road, Suite 1		
City/Town Warwick	State RHODE ISLAND	Zip Code 02886
4. The name and address of each partner is (This is optional.):		
NAME	ADDRESS	
Steven Damiano	200 Centerville Road, Suite 1, Warwick, RI 02886	
John Damiano	200 Centerville Road, Suite 1, Warwick, RI 02886	
Tracy Testen	200 Centerville Road, Suite 1, Warwick, RI 02886	
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 7-12.1	
7. Date when this Statement of Qualification will be effective: <b>CHECK ONE BOX ONLY</b>	
<input checked="checked" type="checkbox"/> Date received (Upon filing)	
<input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____	
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	Date
Steven Damiano	01/02/2024
Signature of Authorized Person 	