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State of Rhode Island
Department of State - Business Services Division

STAMP

Statement of Registration

FOREIGN Limited Liability Partnership

→ Filing Fee: $150.00

Pursuant to the provisions of RIGL 7-12.1-1003, the undersigned foreign limited liability partnership hereby applies for a Certificate of Registration to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the limited liability partnership is:

Keegan Werlin LLP

The name, if different, which it elects to use in Rhode Island is:

2. The partnership is organized under the laws of:	3. The date of its formation is:
Massachusetts	11/26/1996

4. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

Energy and environmental law firm attorney services.

5. The name and address of the registered agent/office in Rhode Island is:

Agent Name: CT Corporation System

Street Address (NOT a P.O. Box): 450 Veterans Memorial Parkway, Suite 7A

City/Town	State	Zip Code
East Providence	RHODE ISLAND	02914

6. The Department of State is appointed the agent of the foreign partnership for service of process if, at any time, there is no registered agent or if the registered agent cannot be found or served following the exercise of reasonable diligence.

7. The address, if applicable, of the office required to be maintained in the state or country of its organization is:

N/A

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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FORM 550 - Revised: 01/2024

8. The name and business address of at least one partner is:

GENERAL PARTNER	BUSINESS ADDRESS
Cheryl Kimball	99 High St Boston MA 02110
David Rosenzweig	99 High St Boston MA 02110
Robert Keegan	99 High St Boston MA 02110

9. The address of the foreign partnership's principal place of business is:

Address: 99 High Street

City/Town	State	Zip Code
Boston	MA	02110

10. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of filing.

11. Date when this Statement of Registration for a partnership will be effective: **CHECK ONE BOX ONLY**

- [x] Date recieved (upon filing)
- [ ] Later effective date (date must be no more than 90 days from the date of filing) _____

12. *Under penalty of perjury, I declare and affirm that I have examined this Statement of Registration, including any accompanying attachments, and that all statements contained herein are true and correct.*

Type or Print Name of Partner	Date
Cheryl Kimball	2/15/2024

Signature of Partner: Cheryl A Kimball

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

The Commonwealth of Massachusetts

Secretary of the Commonwealth

State House, Boston, Massachusetts 02133

William Francis Galvin
Secretary of the
Commonwealth

January 31, 2024

TO WHOM IT MAY CONCERN:

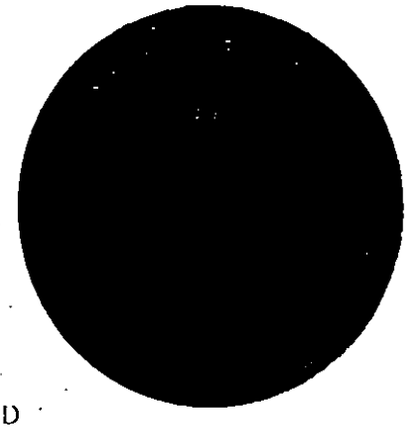
I hereby certify that a certificate of registration of Limited Liability Partnership was filed in this office by

KEEGAN WERLIN LLP

in accordance with the provisions of Massachusetts General Laws Chapter 108A
on **November 26, 1996**.

I also certify that said Limited Liability Partnership has filed all reports due and paid all fees with respect to such reports; that said registration has not been withdrawn; that there are no proceedings presently pending under the Massachusetts General Laws Chapter 108A, § 45 for revocation of said Limited Liability Partnership's authority to transact business in the Commonwealth; and that, so far as appears of record, said Limited Liability Partnership has legal existence and is in good standing with this office.

I further certify that the names of the partners authorized with respect to real property listed in the most recent filing are: **NONE**



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

Processed By:BOD

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:

February 20, 2024 11:55 AM

Gregg M. Amore
Secretary of State