State of Rhode Island
Department of State - Business Services Division

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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:
Kennedys CMK 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:
New Jersey	05/25/2017

4. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:
Law Firm
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:
120 Mountain View Boulevard, Basking Ridge, NJ 07920

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

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8. The name and business address of at least one partner is:	
GENERAL PARTNER	BUSINESS ADDRESS
Anand Dash	120 Mountain View Boulevard, Basking Ridge, NJ 07920

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

Address 120 Mountain View Boulevard		
City/Town Basking Ridge	State NJ	Zip Code 07920

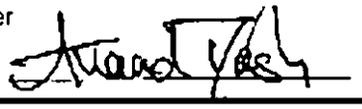
10. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of filing.

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
Anand Dash	02/15/2024

Signature of Partner 

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.

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
LONG FORM STANDING WITH OFFICERS AND DIRECTORS

KENNEDYS CMK LLP
0450171416

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Partnership was registered by this office on May 25, 2017.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

C T CORPORATION SYSTEM
820 BEAR TAVERN ROAD
WEST TRENTON, NJ 08628

I further certify that as of the date of this certificate, the following were listed as officers/directors of this business on the last Annual Report filed in this office on May 09, 2023.

MANAGING MEMBER

MARGARET F CATALANO, ESQ.
120 MOUNTAINVIEW BOULEVARD
BASKING RIDGE, NJ 07920

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 13th day of February, 2024

Elizabeth Maher Muoio
State Treasurer

Certificate Number 6150779807

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

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 22, 2024 01:16 PM

Gregg M. Amore
Secretary of State