



**State of Rhode Island  
Office of the Secretary of State**

No Fee

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

**Limited Liability Partnership  
Annual Report - Amended**

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:** 2024

**1. ID No.** 001721741

**2. Exact Name of the Partnership** McElroy, Deutsch, Mulvaney & Carpenter, LLP

**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 AND ALL LAWFUL ACTIVITIES INCIDENTAL THERETO.

**5. Principal Office Address**

No. and Street: 117 METRO CENTER BLVD.  
SUITE 1004

City or Town: WARWICK State: RI Zip: 02886 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
NONE GIVEN - P	PAUL DWYER, ESQ.	117 METRO CTR BLVD SUITE 1004 WARWICK, RI 02886 USA

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

**Signed this 5 Day of March, 2024 at 10:18:47 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 DEBBIE PERELLI, LEGAL ASSISTANT  
Signature of Authorized Person

Form No. 643  
Revised 10/23

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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:

March 05, 2024 10:18 AM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

