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State of Rhode Island

Department of State - Business Services Division

FILED

MAR 1 3 2024 STATEP

Annual Report for the year: 2024 Partnership (LP, LLP, LLLP)

- Siling period: Sebrupa 1 Me

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

| 1. Entity ID Number | 2. Exact Name of the Partnership | | | | |
|---|---|--|--|-----------------------|--------------------|
| 001730159 | Perkins Coie LLP | | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | | |
| 541190 | | | | | |
| 5. State of Formation | Legal Services | | | | |
| Washington | | | | | |
| 6. Principal Office Address | | | City | State | Zip |
| 1201 3rd Avenue, Suite 4900 | | | Seattle | WA | 98101 |
| 7. The name and business addr LP and LLLP only: an amendment i | ess of each genois required to recor | eral partner or or rd a change in gen | ne or more partner(s): eral partner(s) - use Form 301 | (domestic) or Form 35 | 51 (foreign). |
| PARTNER | | BUSINESS ADDRESS | | | |
| Perkins Coie U.S., P.C. | | 1201 3rd Avenue, Suite 4900, Seattle, WA 98101 | | | |
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| 8. Under penalty of perjury, I de and correct. | clare and affirm t | hat I have exam | ined this report, and that al | l statements contain | ed herein are true |
| Name of General Partner or Authorized Representative | | | | Date | |
| Troy Hickman, Secretary of Perkins Coie U.S., P.C., | | | ., General Partner | Warch 5 | , 2024 |
| Signature of General Partner of | or Authorized Re | epresentative | | | |

MAIL TO:

Division of Business Services

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