



**State of Rhode Island**  
**Department of State - Business Services Division**

### Designation of Registered Agent/Office

DOMESTIC or FOREIGN Partnership

→ No Filing Fee

Pursuant to the provisions of RIGL 7-13.1-118 or 7-12.1-909 the undersigned partnership submits the following statement for the purpose of designating a registered agent and office in the State of Rhode Island:

1. Entity ID Number <b>78284</b>	2. Exact Name of the Partnership <b>WASHINGTON ASSOCIATES</b>		
3. The address of the registered office is:			
Street Address (NOT a P.O. Box) <b>200 EXCHANGE ST. # 417</b>			
City/Town <b>PROVIDENCE</b>	State <b>RHODE ISLAND</b>	Zip <b>02903</b>	
4. The name of the registered agent is: <b>GARY T. MALLOY</b>			
5. Under penalty of perjury, I declare and affirm that I have examined this Statement of Designation of Registered Office by the Partnership, and that all statements contained herein are true and correct.			
Name of a General Partner or Authorized Representative <b>KEVIN T. MALLOY</b>		Date <b>3/26/24</b>	
Signature of the a General Partner or Authorized Representative 			

**MAIL TO:**

**Division of Business Services**

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