



State of Rhode Island
Department of State - Business Services Division

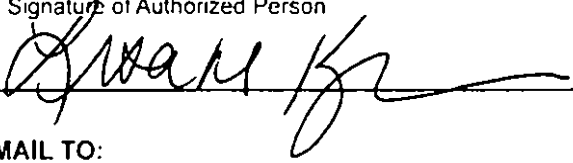
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Amendment of Statement of Qualification

DOMESTIC Limited Liability Partnership

→ Filing Fee: \$50.00

The undersigned, desiring to amend the Statement of Qualification of Limited Liability Partnership under and by virtue of the power conferred by RIGL 7-12.1-901, hereby executes the following Amendment to the Statement of Qualification of Limited Liability Partnership:

1. Entity ID Number: 000117464	2. The name of the partnership is: Brennan, Recupero, Cascione, Scungio & McAllister LLP
3. If the entity's name is changing, state the new name: Brennan Scungio & Kresge LLP <div style="text-align: right;">Check the box to indicate no change <input type="checkbox"/></div>	
4. The date of filing of the Statement of Qualification is: March 22, 2001	
5. If adding or amending additional provisions, complete the following section: <div style="text-align: right;">Check the box to indicate an attachment <input type="checkbox"/> Check the box to indicate no change <input checked="" type="checkbox"/></div>	
6. As required by RIGL 7-12.1, the partnership has paid all fees and taxes.	
7. Date when this Certificate of Amendment will be effective: CHECK ONE BOX ONLY <input checked="" type="checkbox"/> Date received (Upon filing) <input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____	
8. Under penalty of perjury, I/we declare and affirm that I/we have examined this Amendment to Statement of Qualification of Limited Liability Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.	
Type or Print Name of Authorized Person Lisa M. Kresge, Partner	
Signature of Authorized Person 	Date April 1, 2024

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED 10:40

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BY NJSEY PS