	State of Rhode Office of the Secreta		Fee: \$50.0
	Division Of Business Services		
	148 W. River Street		
	Providence RI 02904-2615		
(401) 222-3040			
imited Liability Pa	artnership		
Annual Report Filing Period: Februar	y 1 - May 1		
ile its annual report w	I.G.L. 7-12.1-913(e), each partnership rithin thirty (30) days after the time pr &d)) is subject to a penalty fee of \$25	escribed by law	
ANNUAL REPORT YI	EAR - ENTER THE CURRENT YEAR 2	024 : <u>2023</u>	
1. ID No. <u>001746</u>	216		
2. Exact Name of the Partnership Burns & Levinson LLP			
3. State of Formatio	n		
State: <u>MA</u>			
	NAICS CODE		
•	ICS Code that best describes the prim codes <u>here.</u> More information on <u>NAIC</u>		the entity.
<u>541110</u>			
4. Brief Description	of the Character of the Business Wh	ich is Actually Conducted	in Rhode
THE PRACTICE O	FLAW		
5. Principal Office A	ddress		
No. and Street:	125 HIGH STREET		
City or Town:	BOSTON State: M	<u>A</u> Zip: <u>02110</u> Cou	ntry: <u>USA</u>
6. The name and bus	siness address of one or more partn	er(s):	
Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zi	p Code, Country
NONE GIVEN - P	SEAN O. COFFEY	1 CITIZENS PLAZA, SL PROVIDENCE, RI 0290	
<u>.</u>		1	
7. This report must l	be executed by an Authorized Repre	sentative pursuant to R.I.C	э.L. 7-12.1.

Signed this 22 Day of April, 2024 at 1:37:00 PM 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 <u>SEAN O. COFFEY</u> Signature of Authorized Person

Form No. 643 Revised 10/23

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