

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

FOREIGN Limited Liability Partnership

→ Filing Fee: \$150.00

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CORPORATIONS  
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SECRETARY OF STATE  
USE ONLY

Pursuant to the provisions of RIGL 7-12.1-1003, the undersigned foreign limited liability partnership hereby applies for a Certificate of Registration to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the limited liability partnership is:		
Coogan Smith, LLP		
The name, if different, which it elects to use in Rhode Island is:		
2. The partnership is organized under the laws of:	3. The date of its formation is:	
Massachusetts	1-09-1997	
4. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:		
Legal Services		
5. The name and address of the registered agent/office in Rhode Island is:		
Agent Name James A. Briden		
Street Address (NOT a P.O. Box) 17 Hollow Ridge Road		
City/Town Rumford	State RHODE ISLAND	Zip Code 02916
6. The Department of State is appointed the agent of the foreign partnership for service of process if, at any time, there is no registered agent or if the registered agent cannot be found or served following the exercise of reasonable diligence.		
7. The address, if applicable, of the office required to be maintained in the state or country of its organization is:		

**MAIL TO:**

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

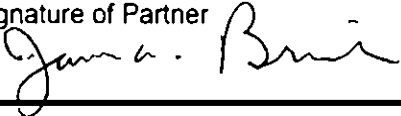
Phone: (401) 222-3040

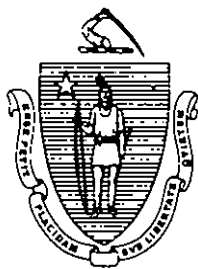
Website: www.sos.ri.gov

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8. The name and business address of at least one partner is:		
GENERAL PARTNER	BUSINESS ADDRESS	
James A. Briden	144 Bank Street, PO Box 2320, Attleboro, MA 02703	
9. The address of the foreign partnership's principal place of business is:		
Address 144 Bank Street, PO Box 2023		
City/Town Attleboro	State MA	Zip Code 02703
10. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> from the state or country of formation dated within 60 days of the date of filing.		
11. Date when this Statement of Registration for a partnership will be effective: <b>CHECK ONE BOX ONLY</b>		
<input checked="checked" type="checkbox"/> Date recieved (upon filing)		
<input type="checkbox"/> Later effective date (date must be no more than 90 days from the date of filing) _____		
12. <i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Registration, including any accompanying attachments, and that all statements contained herein are true and correct.</i>		
Type or Print Name of Partner James A. Briden	Date 6/7/2024	
Signature of Partner 		



William Francis Galvin  
Secretary of the  
Commonwealth

*The Commonwealth of Massachusetts*  
*Secretary of the Commonwealth*  
*State House, Boston, Massachusetts 02133*

**June 3, 2024**

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of registration of Limited Liability Partnership was filed in this office by

**COOGAN SMITH, LLP**

in accordance with the provisions of Massachusetts General Laws Chapter 108A on **January 9, 1997**.

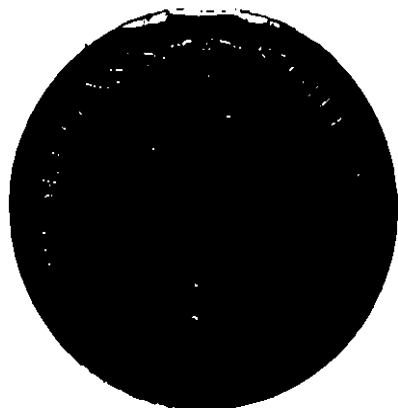
I also certify that said Limited Liability Partnership has filed all reports due and paid all fees with respect to such reports; that said registration has not been withdrawn; that there are no proceedings presently pending under the Massachusetts General Laws Chapter 108A, § 45 for revocation of said Limited Liability Partnership's authority to transact business in the Commonwealth; and that, so far as appears of record, said Limited Liability Partnership has legal existence and is in good standing with this office.

I further certify that the names of the partners authorized with respect to real property listed in the most recent filing are: **JOHN F.D. JACOBI III**

In testimony of which,  
I have hereunto affixed the  
Great Seal of the Commonwealth  
on the date first above written.

A handwritten signature in cursive script that reads "William Francis Galvin".

Secretary of the Commonwealth



Processed By:TAA



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:

June 10, 2024 02:47 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Gregg M. Amore  
*Secretary of State*

