State of Rhode Island
Office of the Secretary of State

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

No Fee

Limited Liability Partnership
Annual Report - Amended

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-12.1-913(e), each partnership failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-12.1-913(c&d)) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR: 2024

1. ID No. 001740557

2. Exact Name of the Partnership SLOCUM, GORDON & CO LLP

3. State of Formation

State: RI

NAICS CODE

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.

523930

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

INVESTMENT ADVISORY SERVICE

5. Principal Office Address

No. and Street: 39 MILL STREET
City or Town: NEWPORT State: RI Zip: 02840 Country: USA

6. The name and business address of one or more partner(s):

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
NONE GIVEN - P	JEFFREY L GORDON	185 GLEN FARM ROAD PORTSMOUTH, RI 02871 USA
PARTNER	BARCLAY DOUGLAS JR	126 RHODE ISLAND AVE NEWPORT, RI 02840 US

PARTNER	KENNETH MP LINDH	6046 NORWAY RD DALLAS, TX 75230 USA

7. This report must be executed by an Authorized Representative pursuant to R.I.G.L. 7-12.1-108.

Signed this 17 Day of September, 2024 at 3:33:41 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 CANDICE S MEDEIROS
Signature of Authorized Person

Form No. 643
Revised 10/23

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:

September 17, 2024 03:33 PM

Gregg M. Amore
Secretary of State