

**State of Rhode Island  
Department of State - Business Services Division****Statement of Qualification of Limited Liability Partnership**

DOMESTIC Limited Liability Partnership

→ Filing Fee: \$150.00

2024 DEC 16 PM 2:33

The undersigned, desiring to form, a new limited liability partnership under and by virtue of the powers conferred by RIGL 7-12.1-901, do execute the following Statement of Qualification of Limited Liability Partnership:

1. The name of the limited liability partnership is:

**DIGENNARO & PALUMBO LLP**

2. The address of the principal office is:

Street Address

**117 METRO CENTER BLVD STE 2007**

City/Town

**WARWICK**

State

**RI**

Zip Code

**02886**

3. The name and address of the initial registered agent/office in Rhode Island is:

Agent Name

**RICHARD DIGENNARO**Street Address (NOT a P.O. Box)**117 METRO CENTER BLVD STE 2007**

City/Town

**WARWICK**

State

**RHODE ISLAND**

Zip Code

**02886**4. The name and address of each partner is (*This is optional.*):

NAME

ADDRESS

Check this box to indicate an attachment ☐**MAIL TO:****Division of Business Services**

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

Phone: (401) 222-3040

Website: [www.sos.ri.gov](http://www.sos.ri.gov)**FILED****DEC 16 2024****BY GHXPP****AA 2:33pm**

5. By filing this statement, the partnership elects to become a limited liability partnership.

6. The partnership has the purpose of engaging in any lawful business, and shall have perpetual existence until cancelled or terminated in accordance with RIGL 7-12.1.

7. Date when this Statement of Qualification will be effective: **CHECK ONE BOX ONLY**

☒ Date received (Upon filing)

☐ Later effective date (Date must be no more than 90 days from the date of filing) \_\_\_\_\_

8. This application has been executed by a majority in interest of the partners or by one (1) or more partners authorized to execute an application.

*Under penalty of perjury, I/we declare and affirm that I/we have examined this 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

RICHARD DIGENNARO

Date

12/11/2024

Signature of Authorized Person

*Richard V Digennaro*



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:

December 16, 2024 02:33 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*

