



State of Rhode Island
Department of State - Business Services Division

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STATE OF RHODE ISLAND
2024 DEC 16 PM 2:33

Statement of Qualification of Limited Liability Partnership

DOMESTIC Limited Liability Partnership

→ Filing Fee: \$150.00

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 <input type="checkbox"/>		

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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BY GHXPP
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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.

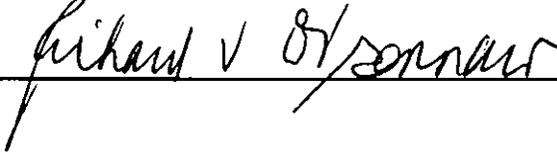
Type or Print Name of Authorized Person

RICHARD DIGENNARO

Date

12/11/2024

Signature of Authorized Person





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 that reads "Gregg M. Amore".

Gregg M. Amore
Secretary of State

