



RECEIVED  
 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

**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

