



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

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15 JAN 8 PM 1:33:45

**Statement of Registration**

FOREIGN Limited Liability Partnership

→ Filing Fee: \$150.00

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:                                                                                                                                                                                                   |                                  |                   |
| Troutman Pepper Locke 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: |                   |
| Georgia                                                                                                                                                                                                                                                | July 7, 1995                     |                   |
| 4. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:                                                                                                                                             |                                  |                   |
| professional legal services                                                                                                                                                                                                                            |                                  |                   |
| 5. The name and address of the registered agent/office in Rhode Island is:                                                                                                                                                                             |                                  |                   |
| Agent Name<br>C T Corporation System                                                                                                                                                                                                                   |                                  |                   |
| Street Address ( <u>NOT</u> a P.O. Box)<br>450 Veterans Memorial Parkway, Suite 7A                                                                                                                                                                     |                                  |                   |
| City/Town<br>East Providence                                                                                                                                                                                                                           | State<br>RHODE ISLAND            | Zip Code<br>02914 |
| 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:                                                                                                                                 |                                  |                   |
|                                                                                                                                                                                                                                                        |                                  |                   |

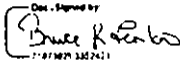
**MAIL TO:**  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)

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**JAN 08 2025**

**BY** MX41X



|                                                                                                                                                                                                                |                                                                          |                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|------------------------|
| 8. The name and business address of at least one partner is:                                                                                                                                                   |                                                                          |                        |
| GENERAL PARTNER                                                                                                                                                                                                | BUSINESS ADDRESS                                                         |                        |
| Bruce K. Fenton                                                                                                                                                                                                | 3000 Two Logan Square, Eighteenth & Arch Streets, Philadelphia, PA 19103 |                        |
|                                                                                                                                                                                                                |                                                                          |                        |
|                                                                                                                                                                                                                |                                                                          |                        |
|                                                                                                                                                                                                                |                                                                          |                        |
| 9. The address of the foreign partnership's principal place of business is:                                                                                                                                    |                                                                          |                        |
| Address<br>600 PEACHTREE ST NE, SUITE 3000                                                                                                                                                                     |                                                                          |                        |
| City/Town<br>ATLANTA                                                                                                                                                                                           | State<br>GA                                                              | Zip Code<br>30308-2216 |
| 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="" type="checkbox"/> Date recieved (upon filing)                                                                                                                                                |                                                                          |                        |
| Later effective date (date must be no more than 90 days from the date of filing) _____                                                                                                                         |                                                                          |                        |
| 12. 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. |                                                                          |                        |
| Type or Print Name of Partner<br>Bruce K. Fenton                                                                                                                                                               | Date<br>1/1/2025                                                         |                        |
| Signature of Partner<br>                                                                                                    |                                                                          |                        |

**AMENDED AND RESTATED  
LIMITED LIABILITY PARTNERSHIP ELECTION  
OF  
TROUTMAN PEPPER LOCKE LLP**

This Limited Liability Partnership Election, originally filed by Troutman Sanders LLP on July 7, 1995, in the Office of the Clerk of the Superior Court of Fulton County, Georgia is hereby amended and restated as set forth below to reflect a change in the name of the partnership.

1. The current name of the partnership making this election is Troutman Pepper Locke LLP.
2. The partnership engages in the practice of law.
3. The partnership hereby elects to continue to be a limited liability partnership pursuant to O.C.G.A. Section 14-8-62.
4. The election by the partnership to be a limited liability partnership has been duly authorized by all necessary requisite action on the part of the partnership.
5. This amended and restated election is to be effective January 1, 2025.

IN WITNESS WHEREOF, the duly authorized Partner of the partnership has executed this Amended and Restated Limited Liability Partnership Election on behalf of the partnership this 31st day of December 2024.

TROUTMAN PEPPER HAMILTON  
SANDERS LLP

By: Thomas Cole  
Thomas Cole, Chair

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TROUTMAN PEPPER HAMILTON  
SANDERS LLP

By: Thomas J Cole  
Thomas Cole, Chair

ORIGINAL FILING - BOOK 13, PAGE 123  
AMENDED FILING - BOOK 60, PAGE 265



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:

January 08, 2025 01:33 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore  
*Secretary of State*

