



State of Rhode Island
Department of State - Business Services Division

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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:		
Thibodeau Law, LLP		
2. The address of the principal office is:		
Street Address 1420 Mendon Road		
City/Town Cumberland	State RI	Zip Code 02864
3. The name and address of the initial registered agent/office in Rhode Island is:		
Agent Name BRUCE R. THIBODEAU		
Street Address (NOT a P.O. Box) 1420 MENDON ROAD		
City/Town CUMBERLAND	State RHODE ISLAND	Zip Code 02864
4. The name and address of each partner is (This is optional.):		
NAME	ADDRESS	
Bruce R. Thibodeau	1139 Narragansett Blvd., Cranston, RI 02905	
Alfred G. Thibodeau	246 Abbott Run Valley Rd., Cumberland, RI 02864	
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

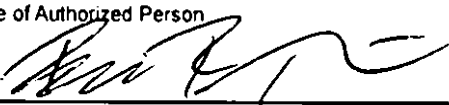
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5. By filing this statement, the partnership elects to become a limited liability partnership.	
6. The partnership has the purpose of engaging in any lawful business, and shall have perpetual existence until cancelled or terminated in accordance with RIGL <u>7-12.1</u> .	
7. Date when this Statement of Qualification will be effective: CHECK ONE BOX ONLY	
<input checked="checked" type="checkbox"/> Date received (Upon filing)	
<input type="checkbox"/> 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.	
<i>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.</i>	
Type or Print Name of Authorized Person Bruce R. Thibodeau	Date 1-24-25
Signature of Authorized Person 	

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.



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 24, 2025 01:16 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

