Filing Fee: \$100.00 For Each Partner Not to Exceed \$2,500.00

ID Number: 294186



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615

LIMITED LIABILITY PARTNERSHIP

APPLICATION FOR REGISTERED LIMITED LIABILITY PARTNERSHIP

Pursuant to the provisions of Section 7-12-56 of the General Laws of Rhode Island, 1956, as amended, the undersigned partnership hereby applies to become or continue as a Registered Limited Liability Partnership in the state of Rhode Island and for that purpose submits the following statement:



1. The name of the Registered Limited Liability Partnership is:

McKenney, Quigley, Izzo & Clarkin, LLP

(The name must include the words "registered limited liability partnership" or the abbreviation "L.L.P." or "LLP" as the last words or letters of its name.)

2. The address of its principal office is:

95 Chestnut Street, Providence, Rhode Island 02903

3. If the partnership's principal office is not located in this state, the address of a registered office and the name and address of a registered agent for service of process in the state of Rhode Island which a partnership shall be required to maintain:

		005 CO ^L S225
4. The names and addresses of all resident partners:		-2- AC
Name	Residence Address	
Peter A. Clarkin	95 Chestnut Street, Providence, RI	
Ronald A. Izzo	41 Mourning Dove Dr., North Kingstown,	2 23
Mark P. McKenney	22 Eleventh Avenue, Warwick, RI	
Robert J. Quigley, Jr.	93 Merry Mount Dr., Warwick, RI	

(If more space is required, please list on separate attachment) FILED

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5. List the place where the business records of the partnership are maintained; or, if more than one location for business records is maintained, list the principal place of business of the partnership:

95 Chestnut Street, Providence, Rhode Island 02903

- A brief statement of the business in which the partnership is engaged: Law Firm
- 7. 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 Application for Registered Limited Liability Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: 11/3/09

McKenney, Quigley, Izzo & Clarkin, LLP

	Print Exact Name of Parthership Making Application
By:	E FCM
By:	,
By:	
By:	

State of Rhode Island and Providence Plantations



A. Ralph Mollis Secretary of State

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island

and Providence Plantations, 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:

A. ' apr loceio

A. RALPH MOLLIS Secretary of State

