

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

ID Number: 00536136



**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:

*(Check one box only)*

New *or*  Renewal

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

**BIAFORE LAW OFFICES, 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:

**123 Dyer Street, Suite 3B, Providence, RI 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:

**N/A**

4. The names and addresses of all resident partners:

<u>Name</u>	<u>Residence Address</u>
<b>John D. Biafore</b>	<b>52 Fort Avenue, Cranston, RI 02905</b>
<b>Christopher J. Biafore</b>	<b>97 Landmark Road, Warwick, RI 028861</b>

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

SECRETARY OF STATE  
CORPORATIONS DIV.  
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**FILED**

MAR 11 2013  
BY 192239  
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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:

**123 Dyer Street, Suite 3B, Providence, RI 02903**

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6. A brief statement of the business in which the partnership is engaged:

**General Practice of Law**

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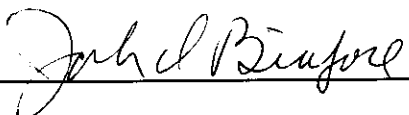
7. This application has been executed by a majority in interest of the partners or by one (1) or more partners authorized to execute an application.

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: 3/8/13

**BIAFORE LAW OFFICES, LLP**

Print Exact Name of Partnership Making Application

By: 

By: \_\_\_\_\_

By: \_\_\_\_\_

By: \_\_\_\_\_



Liberty Insurance Underwriters, Inc.  
 55 Water Street, 18th Floor  
 New York, NY 10041  
 212-208-4100

LIU 3001 Ed. 04 02

**LIBERTY INSURANCE UNDERWRITERS, INC. (The Liberty Mutual Group)**

**LAWYERS PROFESSIONAL LIABILITY POLICY**

**DECLARATIONS**

**NOTICE: THIS IS A CLAIMS MADE AND REPORTED POLICY. THIS POLICY COVERS ONLY CLAIMS FIRST MADE DURING THE POLICY PERIOD OR EXTENDED REPORTING PERIOD, IF APPLICABLE, AND REPORTED DURING THE POLICY PERIOD OR EXTENDED REPORTING PERIOD, IF APPLICABLE, AND OTHERWISE COVERED BY THIS INSURANCE. PLEASE READ THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.**

**POLICY NUMBER:** LPA195491-0113

**RENEWAL OF:** LPA195491-0112

**PRODUCER AND ADDRESS:** Affinity Insurance Services, Inc.  
 One Federal Street, 20th Floor  
 Boston, MA 02110-2012

**NAMED INSURED AND ADDRESS:** Biafore Law Offices, LLP  
 123 Dyer Street  
 Suite 3B  
 Providence, RI 02903-4217

The Named Insured is:  Individual  Partnership  
 Corporation  Limited Liability Partnership  
 Limited Liability Corporation  Other

**POLICY PERIOD:** From: 1/19/2013 To: 1/19/2014  
 (12:01 A.M. at the Named Insured's address set forth above)

**LIMIT OF LIABILITY:** \$1,000,000 Each Claim  
 \$1,000,000 Aggregate

**DEDUCTIBLE:** \$10,000 Each Claim

**PREMIUM:** \$2,517.00

**ENDORSEMENTS FORMING PART OF THIS POLICY AT ISSUANCE:**

LIU3000 (04/02) LIU3023 (04/02)  
 LIU3012 (04/02) LIU3022 (04/02) OFAC (08/09)

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 SECRETARY OF STATE  
 CORPORATIONS DIV

This Declarations page, together with the Application, the attached Lawyers Professional Liability Insurance Policy, and all endorsements thereto, shall constitute the contract between Liberty Insurance Underwriters, Inc. and the Named Insured identified above. This policy is valid only if signed below by a duly authorized representative of Liberty Insurance Underwriters, Inc.

\_\_\_\_\_  
 Authorized Representative

January 22, 2013  
 \_\_\_\_\_  
 Issue Date



# 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 handwritten signature in black ink that reads "A. Ralph Mollis".

A. RALPH MOLLIS

*Secretary of State*

