

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

ID Number: _____



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

2013 SEP 23 PM 12:19
SECRETARY OF STATE
CORPORATIONS DIV

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:

Murray / Zoll & Associates, 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:

5 Piedmont Street Cranston, RI 02910

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:

4. The names and addresses of all resident partners:

<u>Name</u>	<u>Residence Address</u>
Kathleen Murray	5 Piedmont Street Cranston, RI 02910
Susan Zoll	369 Sowams Road Barrington, RI 02806

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

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SEP 23 2013
BY 02206497

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:

5 Piedmont Street Cranston, RI 02910

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

Murray / Zoll & Associates provides program evaluation services for organizations in the areas of housing, education, educator professional development, community development, and public health.

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: 9/19/2013

Murray / Zoll & Associates, LLP

Print Exact Name of Partnership Making Application

By: Kathleen Murray
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 handwritten signature in black ink that reads "A. Ralph Mollis".

A. RALPH MOLLIS

Secretary of State

