

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

ID Number: 753568



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**

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

2013 NOV - 6 AM 11:28  
SECRETARY OF STATE  
CORPORATE DIVISION

**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:

McManus & Pratt, 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:

4512 Post Road; East Greenwich, RI 02818

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>
<u>Judith Abosamra Pratt, DMD</u>	<u>85 Hawthorne Ave; Warwick, RI 02886</u>
<u>James Francis McManus, DDS</u>	<u>100 Spencer Ave; Warwick, RI 02818</u>

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

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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:

4512 Post Road; East Greenwich, RI 02818

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

Office of General Dentistry

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: \_\_\_\_\_

**McManus & Pratt, LLP**

Print Exact Name of Partnership Making Application

By: *Judith A Pratt DMD*

By: *James F. McManus D.D.S.*

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*

