

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

ID Number: 0536136



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

SECRETARY OF STATE
CORPORATIONS DIV
2014 FEB 27 AM 11:15

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>
John D. Biafore	257 Highland Avenue, Warwick, RI 02886
Christopher J. Biafore	97 Landmark Road, Warwick, RI 02886

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

FILED

FEB 27 2014

By 49-218508
A.A. 11:15 A.M.

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

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

General Practice of Law

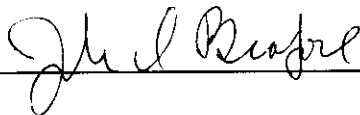
7. This application has been executed by a majority in interest of the partners or by one (1) or more partners authorized to execute an application.

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: 2/25/14

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: LPA195491-0114 **RENEWAL OF:** LPA195491-0113

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

2014 FEB 27 AM 11:15
STATE SECRETARY OF STATE
CORPORATIONS DIV

POLICY PERIOD: From: 1/19/2014 To: 1/19/2015
(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: \$2,492.00

ENDORSEMENTS FORMING PART OF THIS POLICY AT ISSUANCE:

LIU3000 (04/02) LIU3023 (04/02)
LIU3012 (04/02) LIU3022 (04/02) LIU3090 (03/12) OFAC (08/09)

This Declarations page, together with the Application, the attached Lawyers Professional Liability Insurance Policy, and the 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.

Kathryn Marshall
Authorized Representative

January 08, 2014
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

