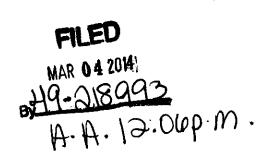
Filing Fee: \$100.00 For Each Partner Not to Exceed \$2,500.00

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2.	Group by Design, L (The name must incl letters of its name.) The address of its	ude the words		d liability par	rtnership	" or the ab	breviation "L	.L.P." or "LLI	P" as the	last w	ords or
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(If more space is required, please list on separate attachment)

Form No. 500 Revised: 12/05



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:

1 Richmond Square, Suite 122C Providence, RI 02906

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

Personal consulting & psychotherapy

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: 2/25/2014

 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

