

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

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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

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:

PARMELEE POIRIER & 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:

469 CENTERVILLE ROAD, SUITE 203, WARWICK, RI 02886

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>
BERNARD A. POIRIER, CPA	31A MT. HYGIA ROAD, FOSTER, RI 02825
R. DANIEL HARROP	17 SUNSET AVENUE, WEST WARWICK, RI 02893
STEVEN B. DESTEFANO, CPA	1131 REYNOLDS ROAD, CHEPACHET, RI 02814
SEE ADDENDUM ATTACHED HERETO	

(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:

469 CENTERVILLE ROAD, SUITE 203, WARWICK, RI 02886

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

ACCOUNTING FIRM

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: DECEMBER 3, 2015

PARMELEE POIRIER & ASSOCIATES, LLP

Print Exact Name of Partnership Making Application

By: 

By: 

By: 

By: _____

ADDENDUM

PARMELEE POIRIER & ASSOCIATES, LLP
APPLICATION FOR REGISTERED LIMITED LIABILITY PARTNERSHIP

Item 4.

NAME

RESIDENCE ADDRESS

JANET GAUCH

670 FRANKLIN ROAD, COVENTRY, RI 02816

JO-ANNE NEWTON, CPA

54 LONGUE VUE AVENUE, NORTH PROVIDENCE, RI 02904



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, 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 blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea
Secretary of State

