

Filing Fee: \$1000.00

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

2016 NOV -2 PM 11:09
R.I. OFFICE OF THE SECRETARY OF STATE

LIMITED LIABILITY PARTNERSHIP

**NOTICE OF
FOREIGN REGISTERED LIMITED LIABILITY PARTNERSHIP**

Pursuant to the provisions of Section 7-12-59 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign Registered Limited Liability Partnership hereby submits notice of its intent to transact business in the state of Rhode Island and for that purpose makes the following statement:

1. The name of the foreign Registered Limited Liability Partnership is:
Adler, Cohen, Harvey, Wakeman & Guekquezian, LLP

(The name must include the words "registered limited liability partnership" or the abbreviation "L.L.P." or "LLP" or such other similar words or abbreviations as may be required or authorized by the laws of the state where the partnership is registered, as the last words or letters of its name.)

2. The jurisdiction, the laws of which govern its partnership agreement and under which it is registered as a Limited Liability Partnership, is:
Massachusetts

3. The address of its principal office is:
75 Federal Street, Boston, MA 02110

4. 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 the partnership shall be required to maintain:

Brian A. Fielding, Adler, Cohen, Harvey, Wakeman & Guekquezian, LLP
55 Dorrance Street, Suite 302, Providence, RI 02903

5. The names and addresses of all resident partners in this state:

Name	Residence Address

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

FILED

NOV 03 2016

By 287737

A.A. 10:55 A.M

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

Legal Services

7. Any other information that the partnership determines to include:

None

8. The partnership is a Registered Limited Liability Partnership.

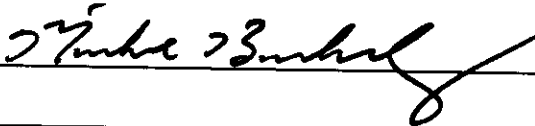
Under penalty of perjury, I/we declare and affirm that I/we have examined this Notice of Foreign Registered Limited Liability Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: 10/31/16

Adler, Cohen, Harvey, Wakeman & Guekguezian, LLP

Print Exact Name of Registered Limited Liability Partnership

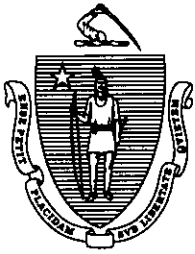
By:



By: _____

By: _____

By: _____



The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

William Francis Galvin
Secretary of the
Commonwealth

October 7, 2016

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of registration of Limited Liability Partnership was filed in this office by

ADLER, COHEN, HARVEY, WAKEMAN & GUEKGUEZIAN, LLP

in accordance with the provisions of Massachusetts General Laws, Chapter 108A on **April 17, 1997**.

I further certify that said registration has not been withdrawn or revoked; and that, so far as appears of record, said Limited Liability Partnership has legal existence.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin
Secretary of the Commonwealth

RECEIVED R.I. DEPT. OF STATE
2016 NOV -2 AM 11:09
2016 NOV -3 AM 10:55

WESTPORT INSURANCE CORPORATION

PROFESSIONALS ADVANTAGE FOR LAWYERS®

LAWYERS PROFESSIONAL LIABILITY INSURANCE

Westport Insurance Corporation
(A Stock Insurance Company, hereinafter called the "Company")

Policy Number: WLA300010531304

Renewal of Policy: WLA300010531303

DECLARATIONS

NOTICE: THIS IS A CLAIMS-MADE AND REPORTED POLICY. EXCEPT AS MAY BE OTHERWISE PROVIDED HEREIN, THIS COVERAGE IS LIMITED TO LIABILITY FOR ONLY THOSE CLAIMS WHICH ARE FIRST MADE AGAINST AN INSURED AND REPORTED TO THE COMPANY WHILE THE POLICY IS IN FORCE.

A. Named Insured: ADLER COHEN HARVEY WAKEMAN & GUEKGUEZIAN LLP

Address: 75 FEDERAL STREET
10TH FLOOR
BOSTON, MA 02110

B. Policy Period: From 12:01 A.M. 11-01-2016 To 12:01 A.M. 11-01-2017
Local time at the address stated herein

C. Limits of Liability: \$ 5,000,000 Per Claim
\$ 5,000,000 Aggregate for the Policy Period

D. Deductible: \$ 15,000 Per Claim

Claims Expenses are included within the Limit of Liability and Deductible.

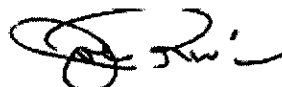
E. Premium: \$ 36,418.00

F. Retroactive Date: 11/1/1995

The Declarations and the forms listed on the attached Schedule of Form(s) and Endorsement(s), together with the completed and signed application and supplements, shall constitute the contract between the NAMED INSURED and the Company.

In witness whereof, the Company issuing this POLICY has caused this POLICY to be signed by its authorized officers, but it shall not be valid unless also signed by the duly authorized representative of the Company.

WESTPORT INSURANCE CORPORATION



Countersignature

Date

Authorized Representative

SP 3 383 I 0206

Page 1 of 1

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The reproduction or utilization of this work in any form whether by any electronic, mechanical, or other means, now known or hereafter invented, including xerography, photocopying, and recording, and information storage and retrieval system is forbidden without the written permission of Westport Insurance Corporation.

Insured Copy

2016 NOV - 9 PM 10:55
RECEIVED
R.I. DEPT. OF STATE



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.

Nellie M. Gorbea
Secretary of State

