



RECEIVED
 R.I. DEPT. OF STATE
 BUS. SVCS. DIV.
 2018 NOV 18 PM 12:23

Notice of Registration
 FOREIGN Limited Liability Partnership

→ Filing Fee: \$1,000.00

The undersigned, foreign registered limited liability partnership in accordance with RIGL 7-12-59, 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 limited liability partnership shall be:		
Morrison Mahoney LLP		
The name, if different, under which it proposes to register and transact business in Rhode Island is:		
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 the principal office is:		
Address 250 Summer Street		
City/Town Boston	State MA	Zip Code 02210
4. If the partnership's principal office is not located in Rhode Island, the name and address of the initial registered agent/office in Rhode Island is:		
Agent Name Mark T. Nugent		
Street Address (NOT a P.O. Box) 10 Weybosset Street, Suite 900		
City/Town Providence	State RHODE ISLAND	Zip Code 02903

RECEIVED
 R.I. DEPT. OF STATE
 BUS. SVCS. DIV.
 2018 DEC 1 AM 11:05

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED
 DEC 01 2016
 By 289772
 A.A. 11:05 A.M.

5. The name and address of all resident partners in Rhode Island is:

NAME	ADDRESS
Mark T. Nugent	4 Spindrift Way, Barrington, RI 02806

Check the box to indicate an attachment.

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

The practice of law.

Check the box to indicate an attachment.

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

Check the box to indicate an attachment.

8. The partnership is a Registered Limited Liability Partnership. The notice shall be effective for 2 (two) years from the date of filing. Upon expiration the Foreign Limited Liability Partnership is responsible for filing a new notice.

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

Type or Print Name of Partner Charles A. Cook	Date 11 / 16 / 16
---	----------------------

Signature of Partner 	
---	--

Type or Print Name of Partner	Date
-------------------------------	------

Signature of Partner	
----------------------	--

Type or Print Name of Partner	Date
-------------------------------	------

Signature of Partner J. MICHAEL THANE	
--	--



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

William Francis Galvin
Secretary of the
Commonwealth

November 10, 2016

TO WHOM IT MAY CONCERN:

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

MORRISON MAHONEY LLP

in accordance with the provisions of Massachusetts General Laws Chapter 108A on **September 29, 1998**.

I also certify that said Limited Liability Partnership has filed all reports due and paid all fees with respect to such reports; that said registration has not been withdrawn or revoked; and that, so far as appears of record, said Limited Liability Partnership has legal existence and is in good standing with this office.

I further certify that the names of the partners authorized with respect to real property listed in the most recent filing are: **NONE**

RECEIVED
R.I. DEPT. OF STATE
REGISTRATION DIV
2016 DEC 11 AM 11:15

RECEIVED
R.I. DEPT. OF STATE
REGISTRATION DIV
2016 NOV 18 PM 12:23



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



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

