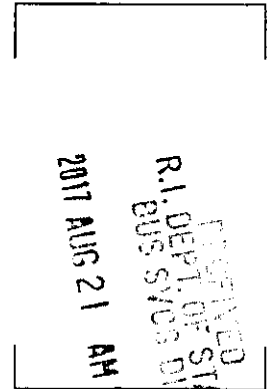




State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**



**Registration of Limited Liability Partnership**

DOMESTIC Limited Liability Partnership

→ Filing Fee: \$150.00

The undersigned, desiring to form, a new limited liability partnership under and by virtue of the powers conferred by RIGL 7-12-56, do execute the following Registration of Limited Liability Partnership:

1. The name of the limited liability partnership is: <b>KENYON LAW ASSOCIATES, LLP</b>		
2. The address of the principal office is:		
Street Address <b>133 Old Tower Hill Rd, Suite No. One</b>		
City/Town <b>Wakefield</b>	State <b>RI</b>	Zip Code <b>02879</b>
3. 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		
Street Address (NOT a P.O. Box)		
City/Town	State <b>RHODE ISLAND</b>	Zip Code
4. The name and address of all resident partners is:		
NAME	ADDRESS	
<b>Stephen B. Kenyon</b>	<b>133 Old Tower Hill Rd., Suite No. One, Wakefield, RI 02879</b>	
<b>John F. Kenyon</b>	<b>133 Old Tower Hill Rd., Suite No. One, Wakefield, RI 02879</b>	
<b>Kara J. Scott</b>	<b>133 Old Tower Hill Rd., Suite No. One, Wakefield, RI 02879</b>	
<b>Kelly Kenyon LeValley</b>	<b>133 Old Tower Hill Rd., Suite No. One, Wakefield, RI 02879</b>	
Check the box to indicate an attachment. <input type="checkbox"/>		

**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**  
 AUG 21 2017  
 BY Le 310648

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:

Street Address <b>133 Old Tower Hill Rd., Suite No. One</b>		
City/Town <b>Wakefield</b>	State <b>RI</b>	Zip Code <b>02879</b>

6. A brief statement of the business in which the partnership is engaged:  
**The practice of law, Attorneys-at-Law,  
Title 7-12-56**

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 Certificate of Limited Liability Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.*


Type or Print Name of Partner <b>Stephen B. Kenyon</b>	Date <b>08/17/2017</b>
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Signature of Resident Partner  


Type or Print Name of Partner	Date
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Signature of Resident Partner  


Type or Print Name of Partner	Date
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Signature of Resident Partner  




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:

August 21, 2017 11:12 AM

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*

