

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

Renewal of Registration of Limited Liability Partnership

DOMESTIC Limited Liability Partnership

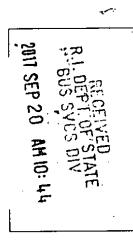
→ Filing Fee: \$50.00

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

1. Entity ID Number:	2. The name of the partne	2. The name of the partnership is:		
150988	Lynch & Greenfield LLP			
3. The address of the prin	cipal office is:			
Street Address 116 Oran	ge Street			
City/Town Providence		State RI	Zip Code 02903	
4. If the partnership's prin agent/office in Rhode Isla		ode Island, the name and addres	ss of the initial registered	
Agent Name				
Street Address (<u>NOT</u> a P.	O. Box)			
City/Town		State RHODE ISLAND	Zip Code	
5. The name and address	s of all resident partners is:			
NAME	ADDRESS	ADDRESS		
Marc A. Greenfield	56 Alumni	56 Alumni Avenue, Providence, RI 02906		
Thomas A. Lynch	122 Gray S	122 Gray Street, Warwick, RI 02889		
<u> </u>		Check the	e box to indicate an attachment.	

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

SEP 2 0 2017



6. 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 116 Orange Street					
City/Town Providence	State RI	Zip Code 02903			
7. A brief statement of the business in which the partnership is engaged:					
Legal Services					
8. 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 Marc A. Greenfield		Date 9-18-17			
Signature of Resident/Partrier SIGN DOCU	MENT HERE				
Type or Print Name of Partner Thomas A. Lynch		Date 9-18・17			
Signature of Resident Pertner SIGN DOCU	MENT HERE				
Type or Print Name of Partner		Date			
Signature of Resident Partner SIGN DOCU	MENTHERE				



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:

September 20, 2017 10:44 AM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

