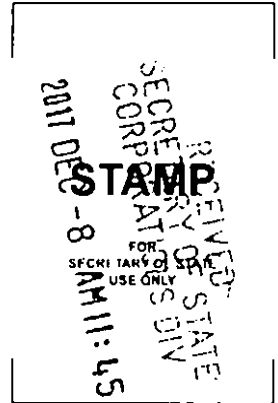




State of Rhode Island and Providence Plantations
Department of State - Business Services Division



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 7-12-56, do execute the following Registration of Limited Liability Partnership:

1. Entity ID Number: 000294622		2. The name of the partnership is: Roney & Labinger LLP	
3. The address of the principal office is:			
Street Address 344 Wickenden Street			
City/Town Providence		State RI	Zip Code 02903
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 N/A			
Street Address (NOT a P.O. Box)			
City/Town		State RHODE ISLAND	Zip Code
5. The name and address of all resident partners is:			
NAME		ADDRESS	
John M. Roney		133 Sheldon Street Providence, RI 02906	
Lynette Labinger		658 Hope Street Providence, RI 02906	
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

11:45 **FILED** **STAMP**
 DEC - 8 2017
 FOR SECRETARY OF STATE USE ONLY
 BY *[Signature]*
 319409
 FORM 500A - Revised 05/2016

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
344 Wickenden Street

City/Town Providence	State RI	Zip Code 02903
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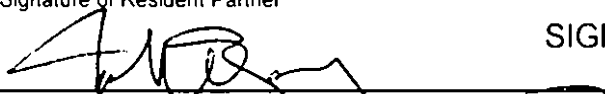
7. A brief statement of the business in which the partnership is engaged:

The practice of law and related business.


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 John M. Roney	Date 12/4/17
---	------------------------

Signature of Resident Partner
 SIGN DOCUMENT HERE

Type or Print Name of Partner Lynette Labinger	Date 11/30/17
--	-------------------------

Signature of Resident Partner
 SIGN DOCUMENT HERE

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

Signature of Resident Partner
SIGN DOCUMENT HERE



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:

December 08, 2017 11:45 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

