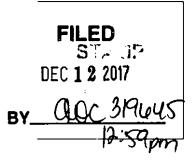
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State of Rhode Island a Department of Si Renewal of Registra DOMESTIC Limited Liabi → Filing Fee: \$50.00 The undersigned, desiring to for virtue of the powers conferred Registration of Limited Liability	tate - Busine tion of Lin ility Partnersh orm, a new limit by RIGL <u>7-12-5</u>	ess Services nited Liabil nip ted liability partn	l ity Partnership nership under and by		2017 DEC 12 PH 12: 59	SECRETARY OF STATE
1. Entity ID Number: 2. The name of the partners			p is:]
122044	McIntyre Tat	e LLP				
3. The address of the principa	al office is:					
Street Address 321 South M	lain Street, Sui	ite 400				
City/Town Providence			State RI	Zip Code	02903	
4. If the partnership's principa agent/office in Rhode Island i		cated in Rhode	Island, the name and addre	ess of the initia	al registered	
Agent Name						
Street Address (<u>NOT</u> a P.O. E	3ox)					
City/Town			State RHODE ISLAND	Zip Code		
5. The name and address of	all resident part	ners is:				
NAME		ADDRESS				
Jerry L. Mcintyre		57 Newport Street, Jamestown, RI 02835				
Deborah Miller Tate		125 Pitman Street, Unit 2C, Providence, RI 02906				
David J. Strachman		261 Fifth Street, Providence, RI 02906				
Robert S. Parker		301 Howland Road, East Greenwich, RI 02818				
			Check th	e box to indica	ate an attachme	ent. 🗸

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



FORM 500A - Revised 05/2016

6. List the place where the business rec			, if more than one location for business
records is maintained, list the principal p	place of business of the pa	rtnership:	
Street Address 321 South Main Street	t, Suite 400		
City/Town Providence	Sta	te RI	Zip Code 02903
7. A brief statement of the business in w	hich the partnership is eng	aged:	
The practice of law			
	by a majority in interest of t	ne partners or t	by one (1) or more partners authorized to
execute an application.			
Under penalty of perjury, I/we declare a including any accompanying attachmen			
Type or Print Name of Partner			Date
Deborah M. Tate			12/8/17
Signature of Resident Partner			
librar In Cate	SIGN DOCUME	NT HERE	
Type or Print Name of Partner	- <u> </u>		Date
Signature of Resident Partner	<u> </u>		
	SIGN DOCUME	NT HERE	
Type or Print Name of Partner			Date
Signature of Resident Partner			
	SIGN DOCUME	NT HERE	

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MCINTYRE TATE LLP #122044 Application for Registered Limited Liability Partnership 2017 Renewal (Continued)

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4. Names and Addresses of all Resident Partners:

<u>Name</u>	Residence Address
Robert J. Sgroi	227 Crestwood Road Warwick, RI 02886
Stephen M. Prignano	44 Kent View Drive Hope, RF 02831

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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 12, 2017 12:59 PM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

