



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

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 CORPORATIONS DIV.
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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:		
NICHOLSON & SAMPSON, LLP		
2. The address of the principal office is:		
Street Address 35 Powel Avenue		
City/Town Newport,	State RI	Zip Code 02840
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 RHODE ISLAND	Zip Code
4. The name and address of all resident partners is:		
NAME	ADDRESS	
Joseph J. Nicholson, Jr.	37 Red Cross Avenue, Newport, RI 02840	
Craig S. Sampson	241 Compton View Drive, Middletown, RI 02842	
Check this 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

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 BY 320591

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
35 Powel Avenue

City/Town Newport	State RI	Zip Code 02840
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6. A brief statement of the business in which the partnership is engaged in:

To engage in the practice of law and all related services and activities and for any other lawful purpose.

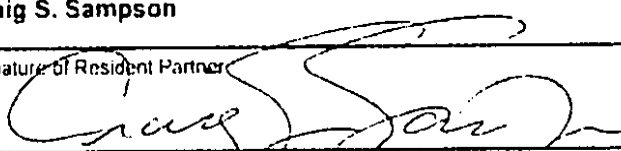
7. This application has been executed by a majority in interest of the partners or by one (1) or more partners authorized to execute an application.

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 Joseph J. Nicholson, Jr.	Date 12/22/17
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Signature of Resident Partner


Type or Print Name of Partner Craig S. Sampson	Date 12/22/17
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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:

December 26, 2017 10:04 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

