



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

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 SECRETARY OF STATE  
 CORPORATIONS DIV  
 2018 SEP 27 5AM 10:32

**Renewal of Registration of Limited Liability Partnership**  
 DOMESTIC Limited Liability Partnership

→ Filing Fee: \$50.00

The undersigned, desiring to renew, a 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: <b>150988</b>	2. The name of the partnership is: <b>Lynch &amp; Greenfield LLP</b>
3. The address of the principal office is:	
Street Address <b>116 Orange Street</b>	
City/Town <b>Providence</b>	State <b>RI</b>
Zip Code <b>02903</b>	
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	
Street Address (NOT a P.O. Box)	
City/Town	State <b>RHODE ISLAND</b>
Zip Code	
5. The name and address of all resident partners is:	
NAME	ADDRESS
<b>Marc A. Greenfield</b>	<b>56 Alumni Avenue, Providence, RI 02906</b>
<b>Thomas A. Lynch</b>	<b>122 Gray Street, Warwick, RI 02889</b>
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 *QpB* 332FZ

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 in:

**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

**9-25-18**

Signature of Resident Partner

SIGN DOCUMENT HERE

Type or Print Name of Partner

**Thomas A. Lynch**

Date

**9-25-18**

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:

September 27, 2018 10:32 AM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea  
*Secretary of State*

