



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

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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: 122044	2. The name of the partnership is: McIntyre Tate LLP		
3. The address of the principal office is:			
Street Address 50 Park Row West, Suite 109			
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			
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		
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 this box to indicate an attachment <input checked="" 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 3CH5J

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
50 Park Row West, Suite 109

City/Town
Providence

State
RI

Zip Code
02903

7. A brief statement of the business in which the partnership is engaged in:

The practice of law

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

Deborah M. Tate

Date

12/10/18

Signature of Resident Partner



SIGN DOCUMENT HERE

Type or Print Name of Partner

Date

Signature of Resident Partner

SIGN DOCUMENT HERE

Type or Print Name of Partner

Date

Signature of Resident Partner

SIGN DOCUMENT HERE

MCINTYRE TATE LLP

#122044

Application for Registered Limited Liability Partnership

2018 Renewal

(Continued)

4. Names and Addresses of all Resident Partners:

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



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 17, 2018 01:10 PM

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

Nellie M. Gorbea
Secretary of State

