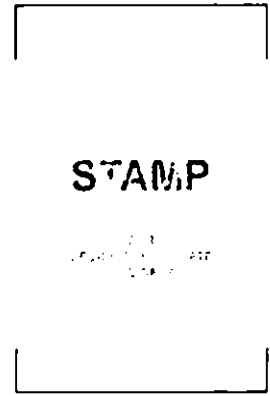




State of Rhode Island and Providence Plantations
Department of State - Business Services Division



Notice of Registration
FOREIGN Limited Liability Partnership

→ Filing Fee: \$1,000.00

The undersigned, foreign registered limited liability partnership in accordance with RIGL 7-12-59, submits notice of its intent to transact business in the State of Rhode Island and for that purpose makes the following statement:

1. The name of the foreign limited liability partnership shall be:		
GFELLER LAURIE LLP		
The name, if different, under which it proposes to register and transact business in Rhode Island is:		
2. The jurisdiction, the laws of which govern its partnership agreement and under which it is registered as a Limited Liability Partnership, is:		
CONNECTICUT		
3. The address of the principal office is:		
Address 977 FARMINGTON AVENUE, SUITE 200		
City/Town	State	Zip Code
WEST HARTFORD	CT	06107
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 C T Corporation System		
Street Address (NOT a P.O. Box) 450 VETERANS MEMORIAL PARKWAY - SUITE 7A		
City/Town	State	Zip Code
EAST PROVIDENCE	RHODE ISLAND	02914

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 OCT 23 PM 2 15

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

FILED MP
 OCT 23 2019
 BY **ANPQR**
A.A. 12:16pm.
 FORM 550 - Revised 12/2018

5. The name and address of all resident partners in Rhode Island is:

NAME	ADDRESS

Check the box to indicate an attachment

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

THE PRACTICE OF LAW.

Check the box to indicate an attachment

7. Any other information that the partnership determines to include:

Check the box to indicate an attachment

8. The partnership is a Registered Limited Liability Partnership. The notice shall be effective for 2 (two) years from the date of filing. Upon expiration the Foreign Limited Liability Partnership is responsible for filing a new notice.

Under penalty of perjury, I/we declare and affirm that I/we have examined this Notice of Foreign Limited Liability Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of Partner or Authorized Representative ROBERT D. LAURIE, ESQ.	Date 10/16/2019
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Signature of Partner or Authorized Representative  SIGN DOCUMENT HERE

Type or Print Name of Partner	Date
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Signature of Partner SIGN DOCUMENT HERE
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Type or Print Name of Partner	Date
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Signature of Partner SIGN DOCUMENT HERE
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Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof,
DO HEREBY CERTIFY, that a certificate of limited liability partnership for

GFELLER LAURIE LLP

a domestic limited liability partnership, was filed in this office on April 07, 2009.

A renunciation of status report has not been filed, and so far as indicated by the records of this office such limited liability partnership is in existence.



Secretary of the State

Date Issued: October 09, 2019

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
OCT 23 PM 12:40

Business ID: 0967999

Express

Certificate Number: 2019394302001

Note: To verify this certificate, visit the web site <http://www.concord.sots.ct.gov>



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:

October 23, 2019 12:16 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

