



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

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 SECRETARY'S DIV  
 CORPORATION'S DIV  
 2019 DEC 17 PM 12:41

**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>122044</b>	2. The name of the partnership is. <b>McIntyre Tate LLP</b>
3. The address of the principal office is:	
Street Address <b>50 Park Row West, Suite 109</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>Jerry L. McIntyre</b>	<b>57 Newport Street, Jamestown, RI 02835</b>
<b>Deborah Miller Tate</b>	<b>125 Pitman Street, Unit 2C. Providence, RI 02906</b>
<b>David J. Strachman</b>	<b>261 Fifth Street, Providence, RI 02906</b>
<b>Robert S. Parker</b>	<b>301 Howland Road, East Greenwich, RI 02818</b>
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 **930VT**

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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 <b>Providence</b>	State <b>RI</b>	Zip Code <b>02903</b>
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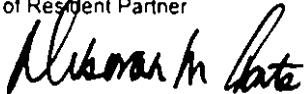
7. A brief statement of the business in which the partnership is engaged in:

**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 <b>Deborah M. Tate</b>	Date <b>12/12/19</b>
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Signature of Resident Partner  
 SIGN DOCUMENT HERE

Type or Print Name of Partner	Date
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Signature of Resident Partner

Type or Print Name of Partner	Date
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Signature of Resident Partner  
SIGN DOCUMENT HERE

**MCINTYRE TATE LLP**  
#122044  
Application for Registered Limited Liability Partnership  
2019 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, 2019 12:41 PM

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*

