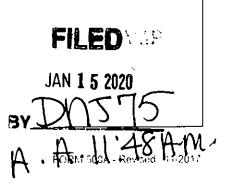
State of Rhode Island an Department of St	× , .						
	lity Partnership enew, a limited liability partne	Fility Partnership ership under and by virtue of the tration of Limited Liability Partne	-	R.1. DEPT. OF STATE BUS SYCS DIV			
1. Entity ID Number:	2. The name of the partners		·	8			
001693344		W Offices, LLP					
3. The address of the principa	l office is:						
Street Address							
311 Annell Stra	et.						
City/Town	Zip Code	0.0					
Providence, RI 02906							
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 (<u>NOT</u> a P.O. Box)							
City/Town		State RHODE ISLAND	Zip Code				
5. The name and address of a	all resident partners is:						
NAME	ADDRESS						
Leonard Accar	do II. 311 And	zell strat Provider	ice, PI	02906			
Ericka L. Leve		✓ .					
Check this box to indicate an attachment							

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



List the place where the business records o records is maintained, list the principal place o	• •			nore than one location for busir	ness		
Street Address							
City/Town Providence		State	RI	Zip Code	-		
7. A brief statement of the business in which the	ne partnership is	s engaged	in:				
Law Firm							
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				Dale			
Leonard Accardo, J1.				1-13-2027			
Signature of Resident Partner	SIGN DOCU	MENT HE	RE				
Type or Print Name of Partner				Date			
Signature of Resident Partner							
7	S GN DOOU	VEN: 4.	!st				
Type or Print Name of Partner				Date			
Signature of Resident Partner	SIGN DOCU	VENT H	• ૨ ΄	k			

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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:

January 15, 2020 11:48 AM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

