



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

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 2020 JAN 15 AM 11:48

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: 001693344	2. The name of the partnership is: Accardo Law Offices, LLP
3. The address of the principal office is:	
Street Address 311 Angell Street	
City/Town Providence	State RI
Zip Code 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 (NOT a P.O. Box)	
City/Town	State RHODE ISLAND
Zip Code	
5. The name and address of all resident partners is:	
NAME	ADDRESS
Leonard Accardo, Jr.	311 Angell Street, Providence, RI 02906
Erika L. Levesque	186 Mountain Laurel Dr. Cranston, RI 02920
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

FILED

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BY **DNS 75**

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FORM 503A - Revised 11-2017

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

311 Angell Street

City/Town

Providence

State

RI

Zip Code

02906

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

Date

Leonard Accardo, Jr.

1-13-2020

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



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

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

Nellie M. Gorbea
Secretary of State

