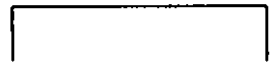




State of Rhode Island and Providence Plantations
Department of State - Business Services Division



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:

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 BUS SVCS DIV
 2020 APR 27 P 12:32

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 BUS SVCS DIV
 2020 APR 27 P 3:38

1. The name of the foreign limited liability partnership shall be:		
Crowe 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:		
Indiana		
3. The address of the principal office is:		
Address 320 E. Jefferson Blvd.		
City/Town South Bend	State IN	Zip Code 46601
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 CT Corporation System		
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A		
City/Town East Providence	State RHODE ISLAND	Zip Code 02914

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

APR 27 2020

BY *P.O.E.36*

A.A. 3:38pm

FORM 550 - Revised: 12/2018

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

NAME	ADDRESS
N/A	

Check the box to indicate an attachment

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

To engage in general public accounting and consulting.

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 Steven Strammello	Date <i>April 7, 2020</i>
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Signature of Partner or Authorized Representative <i>Steven Strammello</i>	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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Type of Print Name of Partner	Date
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Signature of Partner	SIGN DOCUMENT HERE
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State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

CROWE LLP

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on March 05, 2008, and was in existence or authorized to transact business in the State of Indiana on March 11, 2020.

I further certify this Domestic Limited Liability Partnership has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, March 11, 2020

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

2008030600219 / 20201347430

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on April 10, 2020.

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2020 APR 27 P 3: 38

2020 APR 23 P 12: 32
R.I. DEPT. OF STATE
BUS SVCS DIV



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:

April 27, 2020 03:38 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

