



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

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 BUS. SVCS. DIV.
 2020 JUN -3 AM 10:54

Registration of Limited Liability Partnership

DOMESTIC Limited Liability Partnership

→ Filing Fee: \$150.00

The undersigned, desiring to form, a new 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. The name of the limited liability partnership is:		
Higgins, Cavanagh & Cooney LLP		
2. The address of the principal office is:		
Street Address 10 Dorrance Street, Suite 400		
City/Town Providence	State RI	Zip Code 02903
3. 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 James A. Ruggieri		
Street Address (NOT a P.O. Box) 8 St. Andrews Way		
City/Town Barrington	State RHODE ISLAND	Zip Code 02806
4. The name and address of all resident partners is:		
NAME	ADDRESS	
James Ruggieri	8 St. Andrews Way, Barrington, RI 02806	
Paul Callaghan	55 Cameron Way, Rehoboth, MA 02769	
James Hornstein	4 Anne Drive, Lincoln, RI 02865	
Peter Garvey	125 High Meadow Lane, Wakefield, RI 02879	
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

FILED
 JUN 03 2020
 BY 558 HR

FORM 500 · Revised: 02/2018
 A.A. 10:54 AM

Attachment

Partner:

Stephen Cooney

259 Potter Road, North Kingston, RI 02852

5. 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
10 Dorrance Street, Suite 400

City/Town Providence	State RI	Zip Code 02903
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6. A brief statement of the business in which the partnership is engaged in:
Law Firm

7. 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 James A. Ruggieri	Date 6/3/2020
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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
SIGN DOCUMENT HERE

Type or Print Name of Partner	Date
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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:

June 03, 2020 10:54 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

