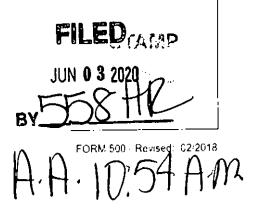
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State of Rhode Island and Providence Pl Department of State - Busine	R.I. D. 80 2020 JU			
Registration of Limited Liability Partnership				
$\rightarrow \text{Filing Fee: $150.00}$				
The undersigned, desiring to form, a new limited liability partnership 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 partnershi	p 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				

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



Attachment

Partner:

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Stephen Cooney

259 Potter Road, North Kingston, RI 02852

List the place where the business records of the partner records is maintained, list the principal place of business	ership are maintained of the partnership:	t; or, if more than one location for business	
Street Address 10 Dorrance Street, Suite 400			
City/Town Providence	State RI	Zip Code 02903	
6. A brief statement of the business in which the partners Law FIrm	hip is engaged in:		
This application has been executed by a majority in int execute an application.	erest of the partners	or by one (1) or more partners authorized to	
Under penalty of perjury, I/we declare and affirm that I/we including any accompanying attachments, and that all sta	have examined this atements contained h	Certificate of Limited Liability Partnership, nerein are true and correct.	
Type or Print Name of Partner James A. Ruggieri	gre:-	Date Col 3 202	
Signature of Resident Partner SIGN DO	OCUMENT HERE		
Type or Print Name of Partner		Date	
Signature of Resident Partner SIGN DO	DOUMENT HERE		
Type or Print Name of Partner		Date	
Signature of Resident Partner SIGN DC			

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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:

June 03, 2020 10:54 AM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

