



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

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 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2020 AUG - 5 AM 10:23

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:

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--------------------------|
| 1. The name of the foreign limited liability partnership shall be: | | |
| Sloane and Walsh, 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: | | |
| Massachusetts | | |
| 3. The address of the principal office is: | | |
| Address One Boston Place, 201 Washington Street, Suite 1600 | | |
| City/Town Boston | State MA | Zip Code 02108 |
| 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

AUG 05 2020

BY 51405

A.A. 10:23 AM

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 the practice of law.

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 John P. Ryan | Date 7/31/20 |
|-----------------------------------------------------------------------------------|------------------------|

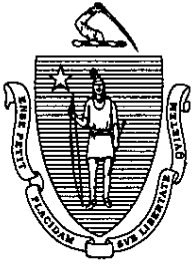
| | |
|----------------------------------------------------------------------------------------------------------------------------------------|--|
| Signature of Partner or Authorized Representative  | |
|----------------------------------------------------------------------------------------------------------------------------------------|--|

| | |
|--------------------------------------------------------------------------------------------------------------------|------|
| Type or Print Name of Partner  | Date |
|--------------------------------------------------------------------------------------------------------------------|------|

| | |
|----------------------|--|
| Signature of Partner | |
|----------------------|--|

| | |
|-------------------------------|------|
| Type or Print Name of Partner | Date |
|-------------------------------|------|

| | |
|----------------------|--|
| Signature of Partner | |
|----------------------|--|



The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

William Francis Galvin
Secretary of the
Commonwealth

July 24, 2020

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of registration of Limited Liability Partnership was filed in this office by

SLOANE AND WALSH, A PROFESSIONAL LIMITED LIABILITY PARTNERSHIP

in accordance with the provisions of Massachusetts General Laws Chapter 108A on **December 8, 1997**.

I also certify that said Limited Liability Partnership has filed all reports due and paid all fees with respect to such reports; that said registration has not been withdrawn or revoked; and that, so far as appears of record, said Limited Liability Partnership has legal existence and is in good standing with this office.

I further certify that the names of the partners authorized with respect to real property listed in the most recent filing are:



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

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State of Rhode Island
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,
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:

August 05, 2020 10:23 AM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

