



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

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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: | | |
| Andsager, Bartlett & Pieroni LLP | | |
| 2. The address of the principal office is: | | |
| Street Address | | |
| 1275 Wampanoag Trail Suite 1 | | |
| City/Town | State | Zip Code |
| East Providence | RI | 02915 |
| 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 | | |
| Street Address (NOT a P.O. Box) | | |
| City/Town | State | Zip Code |
| | RHODE ISLAND | |
| 4. The name and address of all resident partners is: | | |
| NAME | ADDRESS | |
| Kenneth J. Andsager | 9 Old Chimney Road Barrington RI 02806 | |
| Christopher Bartlett | 108 Greylock Drive Portsmouth RI 02821 | |
| Edward P. Pieroni | 70 Arbor Way, East Greenwich RI 02818 | |
| 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

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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

1275 Wampanoag Trail Suite 1

City/Town

East Providence

State

RI

Zip Code

02915

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

Practice of Accounting

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.

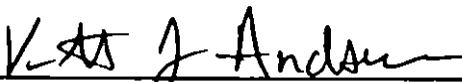
Type or Print Name of Partner

Kenneth J. Andsager

Date

8-24-20

Signature of Resident Partner



SIGN DOCUMENT HERE

Type or Print Name of Partner

Christopher Bartlett

Date

8-4-20

Signature of Resident Partner



SIGN DOCUMENT HERE

Type or Print Name of Partner

Edward P. Pieroni

Date

8-4-20

Signature of Resident Partner



SIGN DOCUMENT HERE



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 17, 2020 02:58 PM

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

Nellie M. Gorbea
Secretary of State

