

State of Rhode Island

**Department of State - Business Services Division** 

## **Registration of Limited Liability Partnership**

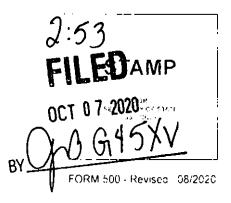
DOMESTIC Limited Liability Partnership

→ Filing Fee: \$150.00

The undersigned, desiring to form, a new limited liability partnership under and by virtue of the powers conferred by RIGL <u>7-12-56</u>, do execute the following Registration of Limited Liability Partnership.

1. The name of the limited liability partnersh	nip is:							
Keeley DeAngelo LLP								
2 The address of the principal office is:					······································			
Street Address 62 Baxter St.								
City/Town Charlestown		State		Zip Code	02813			
3 If the partnership's principal office is not l office in Rhode Island is:	located in Rhode	Island	, the name and address	of the initia	al registered agent/			
Agent Name								
Street Address ( <u>NOT</u> a P.O. Box)								
City/Town		State	RHODE ISLAND	XND Zip Code				
4. The name and address of all resident par	irtners is:	<b></b>		<u> </u>				
NAME ADDRESS								
W. Scott Keeley	62 Baxter St., Charlestown, RI 02813							
Regina DeAngelo 62 Baxter St., Charlestown, RI 02813								
			Check this b	ox to indica	ate 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





5. List the place where the business records of the partners	hip are	maintained;	; or, if more th	an one lo	cation for business	
records is maintained, list the principal place of business of	the pa	rtnership:				
Street Address 62 Baxter St.,						
	<u></u>			<u> </u>		
City/Town Charlestown	State	RI		Zip Code	02813	
6. A brief statement of the business in which the partnership	is eng	jaged in.		·		
We are a registered patent agency.						
		· · · · ·				
7. This application has been executed by a majority in inter-	est of t	he partners c	or by one (1)	or more pa	artners authorized to	
execute an application			• • •			
Under penalty of perjury, I/we declare and affirm that I/we h	ave ex	amined this (	Certificate of	Limited Li	ability Partnership	
including any accompanying attachments, and that all state	ments	contained he	erein are true	and corre	ect.	
Type or Print Name of Partner				Date		
W. Scott Keeley				10/6/20		
Signature of Resident Bartner				<u></u>		
April 14						
Type or Print Name of Partner			ľ	Date		
Regina DeAngelo				10/6/20		
Signature of Resident Partner						
Richard						
Turon or Drink Name of Dadapa				<u> </u>	·····	
Type or Print Name of Partner				Date		
Signature of Resident Partner						

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:

October 07, 2020 02:53 PM

Tulli U. Hole

Nellie M. Gorbea Secretary of State

