



State of Rhode Island
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:			
Keeley DeAngelo L.L.P.			
2. The address of the principal office is:			
Street Address		62 Baxter St.	
City/Town	State	Zip Code	
Charlestown	RI	02813	
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	
W. Scott Keeley		62 Baxter St., Charlestown, RI 02813	
Regina DeAngelo		62 Baxter St., Charlestown, RI 02813	
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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 BY Q45XV
 FORM 500 - Revised 08/2020

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 62 Baxter St.,

City/Town Charlestown State RI Zip Code 02813

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

We are a registered patent agency.

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 W. Scott Keeley Date 10/6/20

Signature of Resident Partner 

Type or Print Name of Partner Regina DeAngelo Date 10/6/20

Signature of Resident Partner 

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

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

