



State of Rhode Island
Department of State - Business Services Division

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Renewal of Registration of Limited Liability Partnership

DOMESTIC Limited Liability Partnership


→ Filing Fee \$50.00

The undersigned, desiring to renew, a 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. Entity ID Number 001702201		2. The name of the partnership is Izzo, Gardner & Moran LLP	
3. The address of the principal office is			
Street Address 101 DYER STREET, 3RD FLOOR			
City/Town Providence		State RI	Zip Code 02903
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			
Street Address (NOT a P.O. Box)			
City/Town		State RHODE ISLAND	Zip Code
5. The name and address of all resident partners is			
NAME		ADDRESS	
RONALD A. IZZO, JR.		101 DYER STREET, 3RD FLOOR PROVIDENCE, RI 02903 USA	
WILLIAM GARDNER		101 DYER STREET, 3RD FLOOR PROVIDENCE, RI 02903 USA	
JOSEPH C. MORAN		101 DYER STREET, 3RD FLOOR PROVIDENCE, RI 02903 USA	
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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6. 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 101 DYER STREET, 3RD FLOOR		
City/Town Providence	State RI	Zip Code 02903
7. A brief statement of the business in which the partnership is engaged in: LAW FIRM PRACTICING LAW		
8. 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		
<i>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.</i>		
Type or Print Name of Partner William Gardner	Date 11/20/2020	
Signature of Resident Partner 		
Type or Print Name of Partner	Date	
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:

November 20, 2020 02:07 PM

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

Nellie M. Gorbea
Secretary of State

