

State of Rhode Island Department of State - Business Services Division

## **Renewal of Registration of Limited Liability Partnership**

DOMESTIC Limited Liability Partnership

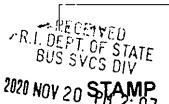
→ Filing Fee \$50.00

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

1. Entity ID Number	2. The name of the partnership is			
001702201	Izzo, Gardner & Moran LLP			
3. The address of the principa	al office is			
	TREET, 3RD FLOOR			
City/Town Providence		State RI	Zip Code 02903	
<ol> <li>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.</li> </ol>				
Agent Name				
Street Address ( <u>NOT</u> a P.O. Box)				
City/Town		State RHODE ISLAND	Zip Code	
5. The name and address of all resident partners is				
NAME	ADDRESS	ADDRESS		
RONALD A. IZZO, JR.	101 DYER ST	101 DYER STREET, 3RD FLOOR PROVIDENCE, RI 02903 USA		
WILLIAM GARDNER	101 DYER ST	101 DYER STREET, 3RD FLOOR PROVIDENCE, RI 02903 USA		
JOSEPH C. MORAN	101 DYER ST	101 DYER STREET, 3RD FLOOR PROVIDENCE, RI 02903 USA		
		Check this t	box to indicate 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





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<ol><li>List the place where the business records of the partnershi records is maintained, list the principal place of business of the</li></ol>		r, if more than one location for business		
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	s engaged in			
LAW FIRM PRACTICING LAW				
		<u>.</u>		
<ol><li>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</li></ol>				
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		Date		
William Gardner	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

Tulli U. Hole

Nellie M. Gorbea Secretary of State

