



State of Rhode Island

Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS DIV
2020 DEC 21 PM 12:16

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: 001702922		2. The name of the partnership is: McKenney, Clartkin & Estey, LLP	
3. The address of the principal office is:			
Street Address 334 Broadway			
City/Town Providence		State RI	Zip Code 02909
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 Peter A Clarkin			
Street Address (NOT a P.O. Box) 334 Broadway			
City/Town Providence		State RHODE ISLAND	Zip Code 02909
5. The name and address of all resident partners is:			
NAME		ADDRESS	
Mark P. McKenney		22 Eleventh Avenue, Warwick RI 02886	
Peter A. Clarkin		235 Promenade Street Providence RI 02909	
Jeffrey E. Estey, Jr.		54 Trinity Street Warwick RI 02886	
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 *EX 2VU*
A.A. 12:16 p.m.

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 334 Broadway

City/Town Providence

State RI

Zip Code 02909

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

Law Firm

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.

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.

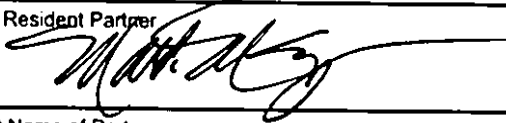
Type or Print Name of Partner

Mark P. McKenney

Date

12/7/20

Signature of Resident Partner



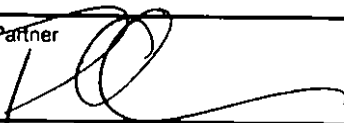
Type or Print Name of Partner

Peter A. Clarkin

Date

12/7/20

Signature of Resident Partner



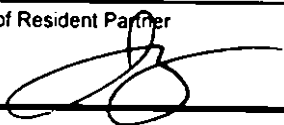
Type or Print Name of Partner

Jeffrey E. Estey, Jr.

Date

12/7/20

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:

December 21, 2020 12:16 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea
Secretary of State

