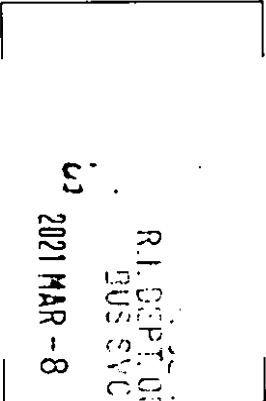




State of Rhode Island
Department of State - Business Services Division



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 7-12-56, do execute the following Registration of Limited Liability Partnership:

1. The name of the limited liability partnership is: D'Amico - Burchfield, LLP		
2. The address of the principal office is:		
Street Address 536 Atwells Avenue		
City/Town Providence	State RI	Zip Code 02909
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 Robert A. D'Amico II, Esq.		
Street Address (NOT a P.O. Box) 536 Atwells Avenue		
City/Town Providence	State RHODE ISLAND	Zip Code 02909
4. The name and address of all resident partners is:		
NAME	ADDRESS	
Robert A. D'Amico II	536 Atwells Avenue, Providence, RI 02909	
James V. Burchfield, Jr.	536 Atwells Avenue, Providence, RI 02909	
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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2:19

STAFF

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 **536 Atwells Avenue**

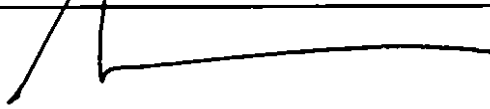
City/Town Providence	State RI	Zip Code 02909
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6. A brief statement of the business in which the partnership is engaged in:
Legal Services - To engage in the practice of law.

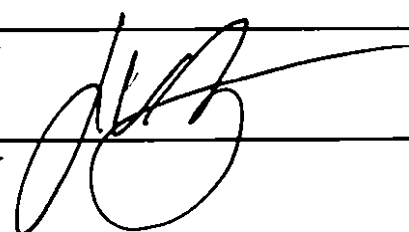
7. This application has been executed by a majority in interest of the partners or by one (1) or more partners authorized to execute an application.

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 Robert A. D'Amico II	Date 3.3.21
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Signature of Resident Partner 

Type or Print Name of Partner James V. Burchfield, Jr.	Date 3.3.21
--	-----------------------

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:

March 08, 2021 02:19 PM

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

Nellie M. Gorbea
Secretary of State

