



State of Rhode Island and Providence Plantations  
**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:		
<b>Testa &amp; McCormick, LLP</b>		
2. The address of the principal office is:		
Street Address <b>411 Broadway</b>		
City/Town <b>Providence</b>	State <b>RI</b>	Zip Code <b>02909</b>
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 <b>JAMES T. MCCORMICK</b>		
Street Address (NOT a P.O. Box) <b>1307 SEVEN MILE ROAD</b>		
City/Town <b>HOPE</b>	State <b>RHODE ISLAND</b>	Zip Code <b>02831</b>
4. The name and address of all resident partners is:		
NAME	ADDRESS	
<b>James T. McCormick</b>	<b>1307 Seven Mile Road, Hope, RI 02831</b>	
<b>Robert Testa</b>	<b>665 Pleasant Valley Parkway, Providence, RI 02908</b>	
Check this box to indicate an attachment <input type="checkbox"/>		

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**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

**FILED**

MAR 25 2021

BY [Signature] 175598

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FORM 500 - Revised 02/2018

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:

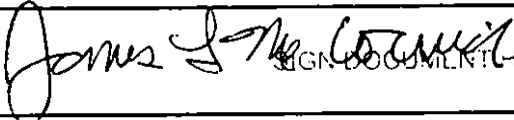
Street Address <b>411 Broadway</b>		
City/Town <b>Providence</b>	State <b>RI</b>	Zip Code <b>02909</b>

6. A brief statement of the business in which the partnership is engaged in:  
**General 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 <b>James T. McCormick</b>	Date <b>March 1, 2021</b>
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Signature of Resident Partner  <small>SIGN DOCUMENT HERE</small>
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Type or Print Name of Partner	Date
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Signature of Resident Partner  <small>SIGN DOCUMENT HERE</small>
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Type or Print Name of Partner	Date
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Signature of Resident Partner  <small>SIGN DOCUMENT HERE</small>
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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 25, 2021 12:56 PM

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

Nellie M. Gorbea  
*Secretary of State*

