



State of Rhode Island
Department of State - Business Services Division

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Registration of Limited Liability Partnership

DOMESTIC Limited Liability Partnership

→ Filing Fee: \$150.00

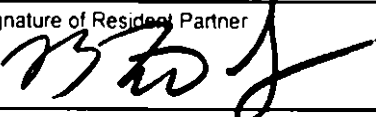
The undersigned, desiring to form, a new limited liability partnership under and by virtue of the powers conferred by RIGL 7-12-56, do execute the following Registration of Limited Liability Partnership:

1. The name of the limited liability partnership is:		
Lonardo & Forte, LLP		
2. The address of the principal office is:		
Street Address		
2980 West Shore Road		
City/Town	State	Zip Code
Warwick	RI	02886
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		
Michael B. Forte, Jr.		
Street Address (NOT a P.O. Box)		
2980 West Shore Road		
City/Town	State	Zip Code
Warwick	RHODE ISLAND	02886
4. The name and address of all resident partners is:		
NAME	ADDRESS	
See attachment		
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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STAMP
 SECRETARY OF STATE
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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 2980 West Shore Road		
City/Town Warwick	State RI	Zip Code 02886
6. A brief statement of the business in which the partnership is engaged in: The 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.		
<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 Michael B. Forte, Jr.	Date 4/2/21	
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		

Lonardo & Forte, LLP
Addendum to Question 4

Partners:

Elizabeth A. Lonardo
16 Linwood Dr.
Smithfield, RI 02828

Michael B. Forte, Jr.
280 Summit Dr.
Cranston, RI 02920



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:

April 02, 2021 12:24 PM

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

Nellie M. Gorbea
Secretary of State

