



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Registration of Limited Liability Partnership
 DOMESTIC Limited Liability Partnership

→ Filing Fee: \$150.00

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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: (P) SLOCUM, GORDON & CO. LLP		
2. The address of the principal office is: (P) Street Address 39 MILL STREET		
City/Town NEWPORT	State RI	Zip Code 02840
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: (P)		
Agent Name		
Street Address (NOT a P.O. Box)		
City/Town	State RHODE ISLAND	Zip Code
4. The name and address of all resident partners is: (P)		
NAME	ADDRESS	
JEFFREY L. GORDON	185 GLEN FARM RD, PORTSMOUTH, RI 02871	
BARCLAY DOUGLAS, JR	126 RHODE ISLAND AVE, NEWPORT, RI 02840	
KENNETH M.P. LINDH	6046 NORWAY RD, DALLAS, TX 75230	
PETER C. HATFIELD	27 WILLIAM ST, NEWPORT, RI 02840	
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

FILED
 MAY 21 2021
 BY *A. Amzò*

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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
39 Mill Street

City/Town Newport	State RI	Zip Code 02840
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6. A brief statement of the business in which the partnership is engaged in: ?
INVESTMENT ADVISORY SERVICES


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 JEFFREY L. GORDON	Date 5/3/2021
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Signature of Resident Partner
 SIGN DOCUMENT HERE

Type or Print Name of Partner BARCLAY DOUGLAS, JR	Date 5/3/2021
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Signature of Resident Partner
 SIGN DOCUMENT HERE

Type or Print Name of Partner	Date
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Signature of Resident Partner
SIGN DOCUMENT HERE



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:

May 21, 2021 09:29 AM

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

Nellie M. Gorbea
Secretary of State

