



State of Rhode Island
Department of State - Business Services Division

Renewal of Registration of Limited Liability Partnership
 DOMESTIC Limited Liability Partnership

STAMP

→ Filing Fee \$50.00

The undersigned, desiring to renew a limited liability partnership under and by virtue of the powers conferred by RIGL 7-12.55, do execute the following Registration of Limited Liability Partnership

1 Entity ID Number 001713748		2 The name of the partnership is Keeley DeAngelo, LLP	
3 The address of the principal office is: Street Address 62 Baxter St.			
City/Town Charlestown		State RI	Zip Code 02813
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			
Street Address (NOT a P.O. Box)			
City/Town		State RHODE ISLAND	Zip Code
5. The name and address of all resident partners is:			
NAME		ADDRESS	
Regina DeAngelo		62 Baxter St.	
W. Scott Keeley		62 Baxter St.	
Check this box to indicate an attachment <input type="checkbox"/>			

RECEIVED
 R.I. DEPT. OF STATE
 BUS. SVCS. DIV.
 2021 SEP 29 PM 2:45

2:45

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

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SEP 29 2021

BY OFF PARYT

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 62 Baxter St.

City/Town Charlestown

State RI

Zip Code 02813

7 A brief statement of the business in which the partnership is engaged in:
Intellectual-Property 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
Regina DeAngelo

Date
9/28/21

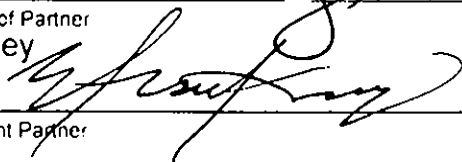
Signature of Resident Partner



Type or Print Name of Partner
W. Scott Keeley

Date
9/28/21

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:

September 29, 2021 02:45 PM

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

Nellie M. Gorbea
Secretary of State

