



State of Rhode Island

Department of State - Business Services Division

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Notice of Registration

FOREIGN Limited Liability Partnership

→ Filing Fee: \$1,000.00

The undersigned, foreign registered limited liability partnership in accordance with RIGL 7-12-59, submits notice of its intent to transact business in the State of Rhode Island and for that purpose makes the following statement:

1. The name of the foreign limited liability partnership shall be:		
Zimmer Gunsul Frasca Architects LLP		
The name, if different, under which it proposes to register and transact business in Rhode Island is:		
Same		
2. The jurisdiction, the laws of which govern its partnership agreement and under which it is registered as a Limited Liability Partnership, is:		
Oregon		
3. The address of the principal office is:		
Address 1223 SW Washington St. Suite 200		
City/Town Portland	State Oregon	Zip Code 97205
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 C T Corporation System		
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7a		
City/Town East Providence,	State RHODE ISLAND	Zip Code 02914

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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 BY *CM M3BEP*
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5. The name and address of all resident partners in Rhode Island is:

NAME	ADDRESS

Check the box to indicate an attachment

6. A brief statement of the business in which the partnership is engaged:

Architecture, planning, and interior design

Check the box to indicate an attachment

7. Any other information that the partnership determines to include:

Check the box to indicate an attachment

8. The partnership is a Registered Limited Liability Partnership. The notice shall be effective for 2 (two) years from the date of filing. Upon expiration the Foreign Limited Liability Partnership is responsible for filing a new notice.

Under penalty of perjury, I/we declare and affirm that I/we have examined this Notice of Foreign Limited Liability Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of Partner or Authorized Representative Jan Willemse	Date 12/16/2021
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Signature of Partner or Authorized Representative


Type or Print Name of Partner	Date
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Signature of Partner

Type or Print Name of Partner	Date
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Signature of Partner

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

Certificate of Existence 619E352J7

I, *SHEMLA FAGAN, SECRETARY OF STATE, and Custodian of the Seal of said State, do hereby certify:*

ZIMMER GUNSUL FRASCA ARCHITECTS LLP

is

Registered

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.

In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.



A handwritten signature in black ink, appearing to read "Shemla Fagan".

SHEMLA FAGAN, SECRETARY OF STATE

12/14/2021



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:

December 28, 2021 01:56 PM

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

Nellie M. Gorbea
Secretary of State

