



State of Rhode Island  
**Department of State - Business Services Division**

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**Renewal of Registration of Limited Liability Partnership**

DOMESTIC Limited Liability Partnership

→ Filing Fee: \$50.00

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

1. Entity ID Number:  001721692	2. The name of the partnership is:  Lonardo Forte & Trudeau LLP
3. The address of the principal office is:	
Street Address 2980 West Shore Road	
City/Town Warwick	State RI
Zip Code 02886	
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 Michael B. Forte, Jr.	
Street Address (NOT a P.O. Box) 2980 West Shore Road	
City/Town Warwick	State <b>RHODE ISLAND</b>
Zip Code 02886	
5. The name and address of all resident partners is:	
NAME	ADDRESS
See Attachment	
Check this box to indicate an attachment <input checked="" 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

3:09

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APR 1 2022

BY *[Signature]* ZERK G

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  
2980 West Shore Road

City/Town Warwick	State RI	Zip Code 02886
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7. A brief statement of the business in which the partnership is engaged in:  
General practice of law

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 Michael B. Forte, Jr.	Date 4-1-22
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Signature of Resident Partner  


Type or Print Name of Partner	Date
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Signature of Resident Partner

Type or Print Name of Partner	Date
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Signature of Resident Partner

**LONARDO FORTE & TRUDEAU LLP**  
**Addendum to Question No. 4**

**Partners:**

Elizabeth A. Lonardo  
16 Linfield Court  
Smithfield, RI 02917

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

Melina J. Trudeau  
16 Huron Avenue  
Narragansett, RI 02882



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 01, 2022 03:09 PM

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

Nellie M. Gorbea  
*Secretary of State*

