



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

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**STAMP**  
 FOR SECRETARY OF STATE USE ONLY

**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:  Izzo, Gardner & Moran LLP		
2. The address of the principal office is:		
Street Address 101 DYER STREET, 3RD FLOOR		
City/Town PROVIDENCE	State RI	Zip Code 02903
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		
Street Address (NOT a P.O. Box)		
City/Town	State RHODE ISLAND	Zip Code
4. The name and address of all resident partners is:		
NAME	ADDRESS	
RONALD A. IZZO, JR.	101 DYER STREET, 3RD FLOOR PROVIDENCE, RI 02903	
WILLIAM GARDNER	101 DYER STREET, 3RD FLOOR PROVIDENCE, RI 02903	
JOSEPH C. MORAN	101 DYER STREET, 3RD FLOOR PROVIDENCE, RI 02903	
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

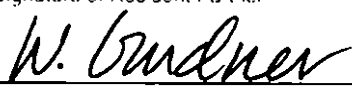
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BY 13640  
A.A. 8:58 A.M.  
 FORM 500 - Revised: 08/2021

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 101 DYER STREET, 3RD FLOOR		
City/Town PROVIDENCE	State RI	Zip Code 02903
6. A brief statement of the business in which the partnership is engaged in:  LAW FIRM PRACTICING 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 WILLIAM GARDNER	Date 04/28/2022	
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		



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 11, 2022 08:58 AM

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

Nellie M. Gorbea  
*Secretary of State*

