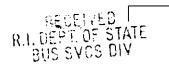
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Registration of Limited Liability Partnership

2022 DEC 19 PM 4: 19

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	1
conferred by RIGL 7-12-56, do execute the following Registration of Limited Liability Partnership:	l

1. The name of the limited liability partners	ship is:			
Damiano & Company LLP				
2. The address of the principal office is:				
Street Address 200 Centerville Road,	Suite 1			
City/Town Warwick		State RI	Zip Code 02886	
If the partnership's principal office is not office in Rhode Island is:	located in Rhode	Island, the name and addres	s of the initial registered agent/	
Agent Name Hagop S. Jawharjian, E.	sq.			
Street Address (NOT a P.O. Box) 380 A	ngell Road		····	
City/Town Lincoln		State RHODE ISLAND	Zip Code 02865	
4. The name and address of all resident page	artners is:	· · · · · ·		
NAME	ADDRESS	ADDRESS		
Steven Damiano	200 Centerville Road, Ste. 1, Warwick, RI 02886			
John Damiano	200 Centerville Road, Ste. 1, Warwick, RI 02886			
Tracy Testen	200 Centerville Road, Ste. 1, Warwick, RI 02886			
		Check this	box to indicate an attachment	

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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5. List the place where the business records		or, if more than one location for business
records is maintained, list the principal place Street Address 200 Centerville Road, S		
City/Town Warwick	State RI	Zip Code 02886
6. A brief statement of the business in which	the partnership is engaged in:	<u> </u>
Professional accounting and busines to Rhode Island General Laws	ss consulting, and any other ac	ctivities lawfully authorized purusant
7. This application has been executed by a execute an application. Under penalty of perjury, I/we declare and a including any accompanying attachments, a	ffirm that I/we have examined this Co	ertificate of Limited Liability Partnership.
Type or Print Name of Partner Steven Damiano		Date /2/12/2022
Signature of Resident Partner		
Type or Print Name of Partner John Damiano		/2/12/20 22
Signatur of Resident Partner		
Type or Print Name of Partner		Date
Tracy Testen		12/12/22
Signature of Resident Partner		
July Hill		

RI SOS Filing Number: 202225433010 Date: 12/19/2022 4:19:00 PM



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 19, 2022 04:19 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

