



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

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2022 DEC 27 AM 8:29

**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:		
Sherin and Lodgen LLP		
The name, if different, under which it proposes to register and transact business in Rhode Island is:		
2. The jurisdiction, the laws of which govern its partnership agreement and under which it is registered as a Limited Liability Partnership, is:		
Massachusetts		
3. The address of the principal office is:		
Address 101 Federal Street		
City/Town Boston	State MA	Zip Code 02110
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 Corporation Service Company		
Street Address (NOT a P.O. Box) 222 Jefferson Boulevard		
City/Town Warwick	State RHODE ISLAND	Zip Code 02888

**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 12/27/2022  
 DEC 27 2022  
 BY NTS ZXIMZ6

5. The name and address of all resident partners in Rhode Island is:

NAME	ADDRESS
Christopher R. Blazejewski	1 Thayer Street, Providence, Rhode Island 02906
Gary M. Markoff	287 Langley Rd., Unit 7, Newton, MA 02459
Thomas Gorman	1 B Street, Maynard, Massachusetts 01754

Check the box to indicate an attachment

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

Practice of Law

Check the box to indicate an attachment

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

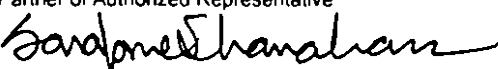
None

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 Sara J. Shanahan, Managing Partner	Date 12-8-22
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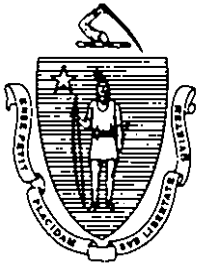
Signature of Partner or Authorized Representative 
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Type or Print Name of Partner	Date
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Signature of Partner
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Type or Print Name of Partner	Date
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Signature of Partner
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*The Commonwealth of Massachusetts*  
*Secretary of the Commonwealth*  
*State House, Boston, Massachusetts 02133*

William Francis Galvin  
Secretary of the  
Commonwealth

November 18, 2022

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of registration of Limited Liability Partnership was filed in this office by

**SHERIN AND LODGEN LLP**

in accordance with the provisions of Massachusetts General Laws Chapter 108A on **January 2, 1996**.

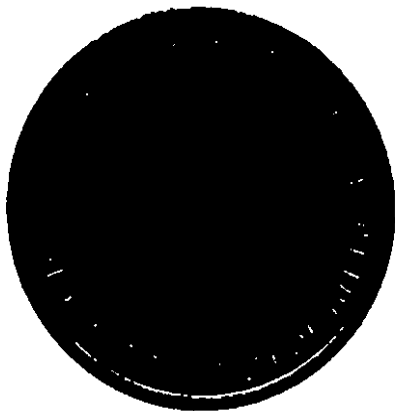
I also certify that said Limited Liability Partnership has filed all reports due and paid all fees with respect to such reports; that said registration has not been withdrawn or revoked; and that, so far as appears of record, said Limited Liability Partnership has legal existence and is in good standing with this office.

I further certify that the names of the partners authorized with respect to real property listed in the most recent filing are: **ROBERT M. CARNEY, JOHN J. SLATER, JOSHUA M. ALPER, PETER FRIEDENBERG, DOUGLAS M. HENRY, SARA JANE SHANAHAN**

In testimony of which,  
I have hereunto affixed the  
Great Seal of the Commonwealth  
on the date first above written.

A handwritten signature in cursive script that reads "William Francis Galvin".

Secretary of the Commonwealth



Processed By:TAA



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 27, 2022 08:29 AM

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

Nellie M. Gorbea  
*Secretary of State*

