



State of Rhode Island
Department of State - Business Services Division

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REGISTRATION DIVISION

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: 001740233		2. The name of the partnership is: ROSENSTEIN, HALPER & MASELLI, LLP	
3. The address of the principal office is:			
Street Address PO BOX 9567			
City/Town PROVIDENCE	State RI	Zip Code 02940	
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			
Street Address (NOT a P.O. Box)			
City/Town	State RHODE ISLAND	Zip Code	
5. The name and address of all resident partners is:			
NAME	ADDRESS		
JAY N. ROSENSTEIN	8 GLEN DRIVE, PROVIDENCE, RI 02906 USA		
THOMAS D. MASELLI	100 NARROW LANE, EXETER, RI 02822 USA		
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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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 30 CHAPEL VIEW BLVD., SUITE 220

City/Town CRANSTON	State RI	Zip Code 02920
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7. A brief statement of the business in which the partnership is engaged in:

THE PARTNERSHIP IS A FIRM OF CERTIFIED PUBLIC ACCOUNTANTS PROVIDING AUDITING, ACCOUNTING AND TAX SERVICES

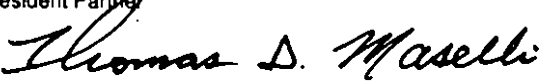
8. This application has been executed by a majority in interest of the partners or by one (1) or more partners authorized to execute an application.

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 JAY N. ROSENSTEIN	Date 3/15/2023
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Signature of Resident Partner


Type or Print Name of Partner THOMAS D. MASELLI	Date 3/15/23
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Signature of Resident Partner


Type or Print Name of Partner	Date
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Signature of Resident Partner



State of Rhode Island
Department of State | Office of the Secretary of State
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, 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:

March 17, 2023 11:12 AM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore
Secretary of State

