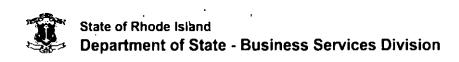
RI SOS Filing Number: 202332986920 Date: 4/13/2023 1:50:00 PM





Renewal of Registration of Limited Liability Partnership 2023 APR 13 PM 1: 50 April 2023 APR 12023 APR 12023

DOMESTIC Limited Liability Partnership

\rightarrow	Filing	Fee:	\$50.	.00
---------------	--------	------	-------	-----

The undersigned, desiring to reconferred by <u>RIGL 7-12-56</u> , do		•	•			
Entity ID Number:	2. The name of the partnershi	p is:				
000941966	Murphy & Fay, LLP	hy & Fay, LLP				
3. The address of the principa	l office is:					
Street Address 127 Dorrand	ce Street, 2nd Floor					
City/Town		State	Zip Code			
Providence		RI	02903			
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 (<u>NOT</u> a P.O. B	ox)					
City/Town		State RHODE ISLAND	Zip Code			
5. The name and address of a	all resident partners is:					
NAME	ADDRESS					
William J. Murphy	390 Wakefie	390 Wakefield Street, West Warwick, RI 02893				
Mark A. Fay	30 Romano	30 Romano Court, East Greenwich, RI 02818				
		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 APR 18 2023
BY UNTAV
A.A. 1.50 PM

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 127 Dorrance Street, 2nd Floor						
City/Town	State Zip Code					
Providence	RI	02903				
7. A brief statement of the business in which the partnership is engaged in:						
Legal 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		Date				
Mark A. Fay		4/10/2023				
Signature of Resident Partner						
Type of Pfint Name of Partner		Date				
Signature of Resident Partner .						
Type or Print Name of Partner	Date					
Signature of Resident Partner						

RI SOS Filing Number: 202332986920 Date: 4/13/2023 1:50:00 PM



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:

April 13, 2023 01:50 PM

Gregg M. Amore

Tregs M. Coure



