



State of Rhode Island
Department of State - Business Services Division

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Renewal of Registration of Limited Liability Partnership 2023 MAY -3 PM 1:06 **STAMP**

DOMESTIC Limited Liability Partnership

→ Filing Fee: \$50.00

FOR SECRETARY OF STATE USE ONLY

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: 133264		2. The name of the partnership is: LEWISS LAW ASSOCIATES, LLP	
3. The address of the principal office is:			
Street Address 79 FRANKLIN STREET			
City/Town WESTERLY		State RI	Zip Code 02891
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 N/A			
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	
MATTHEW L. LEWISS		15 KETTLE CLOSE, #54, WESTERLY, RHODE ISLAND 02891	
PETER L. LEWISS		26 WINDWARD DRIVE, WESTERLY, RHODE ISLAND 02891	
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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MAY 3 2023

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BY 43x3m

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 79 FRANKLIN STREET

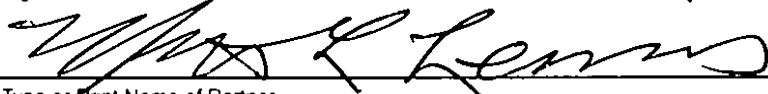
City/Town WESTERLY State RHODE ISLAND Zip Code 02891

7. A brief statement of the business in which the partnership is engaged in:
THE PARTNERSHIP IS ENGAGED IN THE GENERAL PRACTICE OF LAW

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 MATTHEW L. LEWISS Date 5/1/2023

Signature of Resident Partner 

Type or Print Name of Partner PETER L. LEWISS Date 5/1/2023

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
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:

May 03, 2023 01:06 PM

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

Gregg M. Amore
Secretary of State

