



State of Rhode Island
Department of State - Business Services Division

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FOR
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USE ONLY

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: 000954034		2. The name of the partnership is: MARDO, LACHAPELLE & PALUMBO, LLP	
3. The address of the principal office is:			
Street Address 221 BROADWAY			
City/Town PROVIDENCE	State RI	Zip Code 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 Stephen M Cushman			
Street Address (NOT a P.O. Box) 221 Broadway			
City/Town Providence	State RHODE ISLAND	Zip Code 02903	
5. The name and address of all resident partners is:			
NAME		ADDRESS	
CUSHMAN, LLC		221 BROADWAY, PROVIDENCE, RI 02903	
PALUMBO & LAPROVA, INC.		221 BROADWAY, PROVIDENCE, RI 02903	
TIMOTHY J. MURRAY, CPA, LLC		221 BROADWAY, PROVIDENCE, RI 02903	
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 221 BROADWAY

City/Town PROVIDENCE	State RI	Zip Code 02903
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7. A brief statement of the business in which the partnership is engaged in:

CERTIFIED PUBLIC ACCOUNTANTS

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 CUHMAN, LLC	Date 6/8/23
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Signature of Resident Partner
Cushman, LLC by Stuart M. Cash

Type or Print Name of Partner	Date
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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:

June 28, 2023 01:08 PM

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

Gregg M. Amore
Secretary of State

