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State of Rhode Island

Department of State - Business Services Division

RECD RIDOS BSD

STAMP

Designation of Registered Agent/Office

DOMESTIC or FOREIGN Partnership

→ No Filing Fee

Pursuant to the provisions of RIGL <u>7-13.1-118</u> or <u>7-12.1-909</u> the undersigned partnership submits the following statement for the purpose of designating a registered agent and office in the State of Rhode Island:

			
Entity ID Number	2. Exact Name of the Partnership Levy & Blackman LLP		
1736153	Levy & t	3lackman Lht	
3. The address of the registered office is:			
Street Address (NOT a P.O. Box) 469 Angell Street, Suite 2			
CityMown Providence		State RHODE ISLAND	Zip 0 2 9 0 6
4. The name of the registered agent is: Charles D. Blackman			
5. Under penalty of perjury, I c	leclare and affirm that I have	examined this Statement of De	esignation of Registered Office by
the Partnership pand that all statements contained herein are true and correct.			
Name of a Separal garing or	Authorized Representative		Date 10/24/2023
Signature of the a General Partner or Authorized Representative			
Charles Blackman			

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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