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## 2023 NOV -2 A 9: 45

## **Designation of Registered Agent/Office**

DOMESTIC or FOREIGN Partnership

→ No Filing Fee

	RIGL 7-13.1-118 or 7-12.1-909 the undersigned partnership submits purpose of designating a registered agent and office in the State of
1. Entity ID Number	2. Exact Name of the Partnership

1. Entity ID Number	2. Exact Name of the Partne	2. Exact Name of the Partnership			
001716932	Chace Ruttenberg & Fre	Chace Ruttenberg & Freedman, LLP			
3. The address of the reg	istered office is:				
Street Address (NOT a P.O.	Box)				
One Park Row, Suite 300					
City/Town		State RHODE ISLAND	Zip		
Providence		KNODE ISLAND	02903		
4. The name of the registered agent is:					
Richard J. Land, Esq.					
5. Under penalty of perjury, I declare and affirm that I have examined this Statement of Designation of Registered Office by the Partnership, and that all statements contained herein are true and correct.					
Name of a General Partner or Authorized Representative		Date			
Douglas J. Emanuel			10-24-2023		
Signature of the a General	al Partner or Authorized Represer	ntative			

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

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