RI SOS Filing Number: 202342870640 Date: 11/20/2023 3:36:00 PM



State of Rhode Island

Department of State - Business Services Division

Amendment of Statement of Qualification

DOMESTIC Limited Liability Partnership

→ Filing Fee: \$50.00

The undersigned, desiring to amend the Statement of Qualification of Limited Liability Partnership under and by virtue of the power conferred by RIGL 7-12.1-901, hereby executes the following Amendment to the Statement of Qualification of Limited Liability Partnership:

1. Entity ID Number.	2. The name of the partnership is:	
001743866	Moonan Stratton and Waldman, LLP	
3. If the entity's name is char		
state the new name	Moonan Stratton, LLP	
· · · · · · · · · · · · · · · · · · ·		Check the box to indicate no change
4. The date of filing of the Sta	atement of Qualification is: 07/26/2022	
5. If adding or amending add	litional provisions, complete the following secti	on:
		•
•		
		<u></u>
Check the box to indicate an		Check the box to indicate no change
· · · · · · · · · · · · · · · · · · ·	.1, the partnership has paid all fees and taxes	· · · · · · · · · · · · · · · · · · ·
7. Date when this Certificate	of Amendment will be effective: CHECK ONE	BOX ONLY
Date received (Upon fil	ling)	
Later effective date (Da	ate must be no more than 90 days from the da	te of filing)
		d this Amendment to Statement of Qualification and that all statements contained herein are true
Type or Print Name of Authorize	ed Person	
Amy E. Stratton		
Signature of Authorized Person		Date
Claux	Alte	11/16/2023

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 3.36
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