RI SOS Filing Number: 202342870730 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          | 3.   |
|---|--|--|
| 001743866   | Moonan Stratton and \                      | Waldman, LLP   |
| 3. If the entity's name is ch                     |  |  |
| state the new name                                | Moonan Stratton, LLP                       |  |
|   |  | Check the box to indicate no change                      |
| 4. The date of filing of the                      | Statement of Qualification is: 07/26/20    | 22   |
| 5. If adding or amending a                        | dditional provisions, complete the followi | ng section:  |
|   |  |  |
|   |  | •  |
|   |  |  |
| •   |  |  |
|   |  |  |
| Check the box to indicate a                       | an attachment                              | Check the box to indicate no change                      |
|   | 12.1, the partnership has paid all fees an |  |
|   | te of Amendment will be effective. CHEC    |  |
| <b>☑</b> Date received (Upon                      | filing)                                    |  |
| Later effective date (                            | Date must be no more than 90 days from     | the date of filing)                                      |
|   |  | xamined this Amendment to Statement of Qualification     |
|   |  | ments, and that all statements contained herein are true |
| Type or Print Name of Authoriz                    | zed Person                                 |  |
| Amy E. Stratton                                   |  |  |
| Signature of Authorized Perso                     | <u> </u>                                   | Date   |
| ///// <del>////////////////////////////////</del> |  | 44/40/0000   |
|   |  | 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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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:

November 20, 2023 03:36 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

