RI SOS Filing Number: 202343130040 Date: 11/30/2023 11:36:00 AM



## State of Rhode Island Department of State - Business Services Division

## **Election to Comply for a Limited Liability Partnership**

DOMESTIC Limited Liability Partnership

→ Filing Fee: \$10.00

The undersigned limited liability partnership, desiring to comply with the provisions of
RI Gen. Laws 7-12.1-110.1, executes the following statement:

Tri Gen. Laws 7-12.1-110.1, executes the folio	wing statement.			
1. Entity ID Number:	The name of the limited liability partnership is:			
1691342	Goluses & Company, LLP			
3. The partnership is a limited liability partnership and is electing to comply with the provisions of RI Gen. Laws 7-12.1.				
4. The partnership will have a perpetual status that remains effective, regardless of changes to the partnership, until it is canceled or revoked in accordance with the provisions of RI Gen. Laws 7-12.1-903.				
5. The partnership designates as its registered agent in the State of Rhode Island:				
Agent Name Louis M. DiOrio				
Street Address (NOT a P.O. Box)  1 Wayland Avenue, Unit 312N				
City/Town Providence		State RHODE ISLAND	Zip Code 02906	
6. This statement has been approved by the affirmative vote or consent necessary to amend the partnership agreement except, in the case of a partnership agreement that expressly addresses obligations to contribute to the partnership, the affirmative vote or consent necessary to amend those provisions.				
7. This statement is effective upon filing.				
8. Under penalty of perjury, I declare and affirm that I have examined this document, including any accompanying attachments, and that all statements contained herein are true and correct.				
Type or Print Name of Authorized Represent	ative:	Capacity:		
Louis M. DiOrio		Partner		
Signature of Authorized Representative:	<b>-</b>		Date: 11-28-2023	

MAIL TO:

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

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

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