



State of Rhode Island  
Department of State - Business Services Division


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**Designation of Registered Agent/Office**

DOMESTIC or FOREIGN Partnership

→ No Filing Fee

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

1. Entity ID Number <b>001681401</b>		2. Exact Name of the Partnership <b>CAMPANA SARZA + TATEWOSIAN, LLP</b>	
3. The address of the registered office is:			
Street Address (NOT a P.O. Box) <b>300 METRO CENTER BLVD., STE 225</b>			
City/Town <b>WARWICK</b>	State <b>RHODE ISLAND</b>	Zip <b>02886</b>	
4. The name of the registered agent is: <b>PAUL SARZA</b>			
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 <b>PAUL SARZA</b>		Date <b>12/31/23</b>	
Signature of the a General Partner or Authorized Representative 			

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
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