STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

BOARD OF ACCOUNTANCY

1511 Pontiac Avenue, #68-1 Cranston, Rhode Island 02920

Practice Unit Application

I hereby register the following practice unit to practice public accounting in the State of Rhode Island in conformity with RIGL § 5-3.1-9.

* FEIN	Number:	E-mail	
Type of Entity _			
	and telephone numbers attach an addendum if n		unit located within the State
-			
Manager / Con	tact Person		
_		es of practice unit (attach an	
List all owners			addendum if necessary): <u>Certificate</u>
List all owners	, principals and licensee	Percentage of Ownership Interest	addendum if necessary):
	r, principals and licensee Title	Percentage of Ownership Interest	addendum if necessary): <u>Certificate</u>

^{*} For explanation of Fein # requirement, go to www.rilin.ri.gov/statutes/title5/5-76/INDEX.HTM

6.	State of domicile of the practice unit
7.	List all other states in which the practice unit has applied for or holds a permit:
8.	Type of Practice: [] Public Accountants [] Certified Public Accountants
9.	The practice unit must complete either subsection (a) or (b).
	(a). Peer Review Exemption Statement:
not 1	reby certify that this practice unit does not perform accounting or auditing engagements including but imited to attest services, audits, reviews, compilations, forecasts, projections, or other special reports such, this practice unit is not subject to the peer review requirements set forth in RIGL § 5-3.1-10.
Sign	ature of Authorized Representative:
9.	(b). Supervision Statement:
rend licen equir respo beha set for Com Qual	reby certify that all attest and compilation services, as defined in R.I.G.L. § 5-3.1-3, which are ered by the practice unit in the State of Rhode Island are performed under the supervision of a see who currently holds a valid permit issued by the Board or is in compliance with the substantial valency requirements set forth in R.I.G.L. § 5-3.1-7(g). Any individual licensee who performs or is consible for supervising attest or compilation services and who signs or authorizes another person or lift of the practice unit to sign reports on financial statements shall meet the competency requirements or in QC Section 40 – "The Personnel Management Element of a Firm's System of Quality Controppetencies Required by a Practitioner-in-Charge of an Attest Engagement" of the Statements or lity Control Standards contained in the Professional Standards issued by the American Institute of infield Public Accountants.
Sign	ature of Authorized Representative:
Peer	Review Registration
In o	t recent Peer Review completed on
10.	Malpractice Insurance Information (Regulations Concerning Professional Conduct, Article 111, 3.2 at www.dbr.ri.gov) For All Practice Units , including peer review exempt
	Name of insurance companyAmount of coveragePolicy Number

CERTIFICATIONS

SOLE PROPRIETORS ONLY:

I hereby certify that I am a public or certified public accountant holding a permit to practice under R.I.G.L. Section 5-3.1-7, in good standing, and that the principal purpose and business of my firm is to furnish public accounting services to the public not inconsistent with R.I.G.L. Title 5, Chapter 3.1 and the rules and regulations of the Board.			
Date: Signature(Sole Proprietor)			
(Sole Proprietor)			
GENERAL PARTNERSHIPS, LIMITED LIABILITY PARTNERSHIPS, LIMITED LIABILITY COMPANIES AND CORPORATIONS:			
I hereby certify that:			
(a) the principal purpose and business of the practice unit is to furnish public accounting services to the public not inconsistent with R.I.G.L. Title 5, Chapter 3.1 and the rules and regulations of the Board;			
(b) fifty-one percent (51%) or more of the ownership of the practice unit, in terms of financia interests and voting rights, belongs to holders of a certificate from this or some other state, and all non-licensee owners are active individual participants in the entity;	ıl		
(c) all partners, shareholders or members of the practice unit whose principal place of busine is in this state and who provide professional services within this state hold a valid permit issued by the Board;	SS		
(d) at least one partner, shareholder or member of the practice unit is a public accountant or certified public accountant holding a permit to practice issued by the Board;			
(e) each manager in charge of an office of the practice unit in this state is a public accountant or certified public accountant holding a permit to practice issued by the Board;	ţ		
(f) the practice unit will comply promptly with R.I.G.L. Section 5-3.1-9(d) of the law requiring notification to the Board within 30 days of the occurrence of any event set forth in R.I.G.L. Section 5-3.1-9(d).			
Date: Signature:			
(Partner / Shareholder holding a valid permit to practice issued by the Board)			

Page <u>3 of 3</u>