



Form 520 Prescribed by:



Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

[OhioSoS.gov](http://OhioSoS.gov) | [business@OhioSoS.gov](mailto:business@OhioSoS.gov)File online or for more information: [OhioBusinessCentral.gov](http://OhioBusinessCentral.gov)

**Biennial Report**  
**(Domestic, Professional Association, Domestic or Foreign LLP)**  
**Filing Fee: \$25**  
**Form Must Be Typed**

**CHECK ONLY ONE (1) Box**

|                 |                                     |                                                        |                                                                             |
|-----------------|-------------------------------------|--------------------------------------------------------|-----------------------------------------------------------------------------|
| (1)             | <input checked="" type="checkbox"/> | <input style="width: 100%;" type="text" value="2022"/> | Biennial Report of Professional Association (102-YRA) (even-numbered years) |
| Indicate Year   |                                     |                                                        |                                                                             |
| List Profession |                                     |                                                        | <input style="width: 100%;" type="text" value="ATTORNEY"/>                  |

|                                                                             |                          |                                           |                                                                                 |
|-----------------------------------------------------------------------------|--------------------------|-------------------------------------------|---------------------------------------------------------------------------------|
| (2)                                                                         | <input type="checkbox"/> | <input style="width: 100%;" type="text"/> | Biennial Report of Limited Liability Partnership (103-YRL) (odd-numbered years) |
| Indicate Year                                                               |                          |                                           |                                                                                 |
| If foreign limited liability partnership, provide jurisdiction of formation |                          |                                           | <input style="width: 100%;" type="text"/>                                       |

|                                |                                                                              |
|--------------------------------|------------------------------------------------------------------------------|
| Name of Entity                 | <input style="width: 100%;" type="text" value="JOHN J. KELLEY CO., L.P.A."/> |
| Charter or Registration Number | <input style="width: 100%;" type="text" value="1342347"/>                    |

**Complete the information in this section if box (1) is checked****Shareholders of Professional Association**

Authenticating this form constitutes a certification that all the below listed shareholders are duly licensed or otherwise legally authorized to render the professional services in this state in the profession that is listed above.

Name

Address

**Complete the applicable information in this section if box (2) is checked**

Address of the partnership's chief executive office:

Mailing Address

City

State

Zip Code

If the chief executive office is not in Ohio, the address of any office of the partnership in Ohio:

Mailing Address

City

State

Zip Code

If the partnership does not have an office in Ohio, the name and address of the partnership's current agent for service of process:

Name of Agent

Mailing Address

City

State

Zip Code

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

**Required**

Report must be signed by an officer of the professional association or partner or authorized representative of the partnership.

Signature

By (if applicable)

Print Name

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.