

Filing Fee: \$50.00

ID Number: \_\_\_\_\_



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State  
Corporations Division  
148 W. River Street  
Providence, Rhode Island 02904-2615

FILED

MAY 30 2013

FICTITIOUS BUSINESS NAME STATEMENT BY 29-198232 A.A. 12:14pm

Pursuant to the provisions of Section 7-1.2-402, 7-16-9 or 7-13-2 of the General Laws of Rhode Island, 1956, as amended, the undersigned business corporation, limited liability company, or limited partnership hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

1. The legal name of the applicant business corporation, limited liability company or limited partnership is: Cardinal Financial Company, Limited Partnership
2. The fictitious business name to be used is Sebonic Financial
3. The state or territory under the laws of which it is incorporated, organized or formed is Pennsylvania
4. The date of incorporation, organization or formation is 11/23/1987
5. If a business corporation, the address of its registered office within Rhode Island is 222 Jefferson Blvd., Suite 200 Warwick, RI 02888
6. If a business corporation, the business in which it is engaged Mortgage Lending
7. Applicant is otherwise authorized to do business in the state of Rhode Island.

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV  
2013 MAY 30 PM 12:14

Under penalty of perjury, I declare that the information contained herein is true and correct.

Date: 5/24/2013

Cardinal Financial Company, Limited Partnership  
Name of Applicant Corporation, Limited Liability Company or Limited Partnership

By \_\_\_\_\_  
Signature of Authorized Officer of the Corporation

or

By \_\_\_\_\_  
Signature of Authorized Person for the Limited Liability Company

By [Signature]  
Signature of Authorized Person for the Limited Partnership



# State of Rhode Island and Providence Plantations

**A. Ralph Mollis**

*Secretary of State*

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island  
and Providence Plantations, 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:

A handwritten signature in black ink that reads "A. Ralph Mollis".

A. RALPH MOLLIS

*Secretary of State*

