

Filing Fee: \$100.00 For Each Partner  
Not to Exceed \$2,500.00

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



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**

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

RECEIVED  
R.I. DEPT. OF STATE  
BUS. SVCS. DIV.  
2017 MAR - 6 AM 11: 29

**LIMITED LIABILITY PARTNERSHIP**

**APPLICATION FOR  
REGISTERED LIMITED LIABILITY PARTNERSHIP**

Pursuant to the provisions of Section 7-12-56 of the General Laws of Rhode Island, 1956, as amended, the undersigned partnership hereby applies to become or continue as a Registered Limited Liability Partnership in the state of Rhode Island and for that purpose submits the following statement:

(Check one box only)

New or  Renewal

1. The name of the Registered Limited Liability Partnership is:

**PARK IMMIGRATION & SERVICES, LLP**

*(The name must include the words "registered limited liability partnership" or the abbreviation "L.L.P." or "LLP" as the last words or letters of its name.)*

2. The address of its principal office is:

**744 PARK AVENUE, SUITE 4, CRANSTON RI 02910**

3. If the partnership's principal office is not located in this state, the address of a registered office and the name and address of a registered agent for service of process in the state of Rhode Island which a partnership shall be required to maintain:

**SAME**

4. The names and addresses of all resident partners:

<u>Name</u>	<u>Residence Address</u>
<b>NURIS M. MARCANO</b>	<b>3100 TOWER HILL ROAD, SOUTH KINGSTOWN, RI 02879</b>
<b>GLORIA E. GREENFIELD</b>	<b>5 IRONWOOD DR, COVENTRY RI 02816</b>

*(If more space is required, please list on separate attachment)*

**FILED**  
MAR 06 2017  
BY 014629010 11:29

5. List the place where the business records of the partnership are maintained; or, if more than one location for business records is maintained, list the principal place of business of the partnership:

**SAME**

6. A brief statement of the business in which the partnership is engaged:

**PARALEGAL SERVICES, TRANSLATION AND INTERPRETATION, NOTARY SERVICES**

7. This application has been executed by a majority in interest of the partners or by one (1) or more partners authorized to execute an application.

Under penalty of perjury, I/we declare and affirm that I/we have examined this Application for Registered Limited Liability Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: \_\_\_\_\_

**GLORIA E. GREENFIELD**

Print Exact Name of Partnership Making Application

By: \_\_\_\_\_

By: \_\_\_\_\_

By: \_\_\_\_\_

By: \_\_\_\_\_



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, 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:

March 06, 2017 11:29 AM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea  
*Secretary of State*

