



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Renewal of Registration of Limited Liability Partnership

DOMESTIC Limited Liability Partnership

→ Filing Fee: \$50.00

The undersigned, desiring to form a new limited liability partnership under and by virtue of the powers conferred by RIGL 7-12-56, do execute the following Registration of Limited Liability Partnership:

1. Entity ID Number: 001671535		2. The name of the partnership is: PARK IMMIGRATION & SERVICES, LLP	
3. The address of the principal office is:			
Street Address 744 PARK AVENUE, SUITE 4			
City/Town CRANSTON		State RI	Zip Code 02904
4. If the partnership's principal office is not located in Rhode Island, the name and address of the initial registered agent/office in Rhode Island is:			
Agent Name			
Street Address (NOT a P.O. Box)			
City/Town		State RHODE ISLAND	Zip Code
5. The name and address of all resident partners is:			
NAME		ADDRESS	
NURIS M. MARCANO		3100 TOWER HILL ROAD, SOUTH KINGSTOWN RI 02879	
GLORIA E. GREENFIELD		5 IRONWOOD DR, COVENTRY RI 02816	
Check the box to indicate an attachment. ☐			

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

FEB 08 2018

BY

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6. 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:

Street Address **744 PARK AVENUE, SUITE 4**

City/Town **CRANSTON**

State **RI**

Zip Code **02910**

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

PARALEGAL SERVICES, TRANSLATION AND INTERPRETATION, NOTARY SERVICES

8. 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.

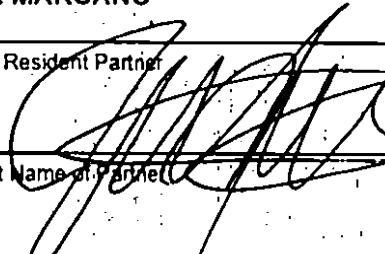
Under penalty of perjury, I/we declare and affirm that I/we have examined this Certificate of Limited Liability Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of Partner

NURIS M. MARCANO

Date

Signature of Resident Partner

 SIGN DOCUMENT HERE

Type or Print Name of Partner

Date

Signature of Resident Partner

SIGN DOCUMENT HERE

Type or Print Name of Partner

Date

Signature of Resident Partner

SIGN DOCUMENT HERE



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:

February 08, 2018 01:34 PM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

