



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

Filing Period: September 1 - November 1

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2018

**1. ID No.** 001666312

**2. Exact Name of the Limited Liability Company** Essential Signing Agent Services, LLC

**3. State of Formation**

State: RI

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

541199

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

I TRAVEL TO CLIENTS IN PROVIDENCE RI COUNTY AREAS. PROVIDING SERVICES IN CAPACITY OF NOTARY PUBLIC SERVICES, AND LOAN SIGNING AGENT . I ACT AS THIRD PARTY CONTRACTOR WORKING ON BEHALF OF LAWYERS,BANKS,TITLE & ESCROW COMPANIES,ETC . I GUIDE CLIENTS DURING THE PROCESS OF FILLING OUT LEGAL DOCUMENTS AND LOAN DOCUMENTS. I HELP ASSURE THE PROCESS IS DONE PROPERLY AND PROMPTLY. MEASUREMENT TAKEN TO HELP IN PREVENTING FRAUDULENT ACTIVITY.

**5. Principal Office Address**

No. and Street: 166 VALLEY STREET, BUILDING 6M SUITE #103

City or Town: PROVIDENCE

State: RI Zip: 02909 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: TARA M LATIMER Contact Title: OWNER

No. and Street: 46 VICTORIA STREET

City or Town: PROVIDENCE

State: RI

Zip: 02909

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

| Title | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|-------|--|--|
|-------|--|--|

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

TARA M. LATIMER 46 VICTORIA STREET PROVIDENCE , RI 02909

**9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 30 Day of November, 2018 at 10:35:41 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By TARA M LATIMER  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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