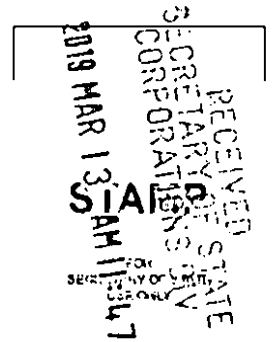




State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**



**Renewal of Registration of Limited Liability Partnership**  
**DOMESTIC Limited Liability Partnership**

→ Filing Fee: \$50.00

The undersigned, desiring to renew, a 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: <b>001672581</b>		2. The name of the partnership is: <b>Mobile Notary Service of RI llp</b>	
3. The address of the principal office is:			
Street Address <b>7 Juniper Lane</b>			
City/Town <b>Johnston</b>		State <b>R.I</b>	Zip Code <b>02919</b>
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 <b>RHODE ISLAND</b>	Zip Code
5. The name and address of all resident partners is:			
NAME		ADDRESS	
Doris M. Kanakry		7 Juniper Lane Johnston, R.I. 02919	
Frederick A. Kanakry		7 Juniper Lane Johnston R.I. 02919	
Check this box to indicate an attachment <input type="checkbox"/>			

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

**FILED**

**STAMP**

**MAR 13 2019**

BY **KL 27348**

**11:47**

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 7 Juniper Lane

City/Town Johnston

State R.I.

Zip Code 02919

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

We office mobile notary service to the entire state of Rhode Island. We specialize in Mortgage transactions and closings.

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.*

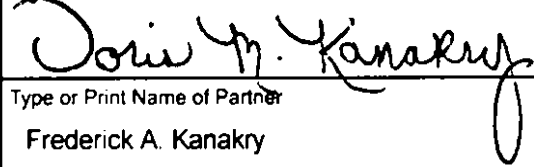
Type or Print Name of Partner

Date

Doris M. Kanakry

March 8, 2019

Signature of Resident Partner



SIGN DOCUMENT HERE

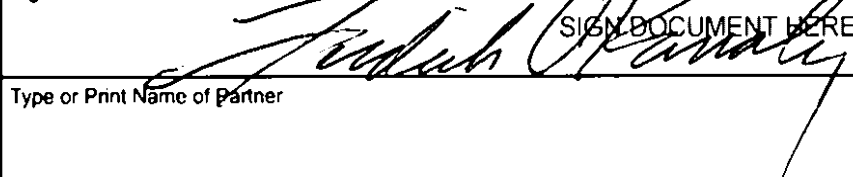
Type or Print Name of Partner

Date

Frederick A. Kanakry

March 8, 2019

Signature of Resident Partner



SIGN DOCUMENT HERE

Type or Print Name of Partner

Date

Signature of Resident Partner

SIGN DOCUMENT HERE