



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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

→ Filing Fee: \$150.00

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. The name of the limited liability partnership is:		
All That Matters Financial Services L.L.P.		
2. The address of the principal office is:		
Street Address 32 Valley View Drive		
City/Town Cranston	State Rhode Island	Zip Code 02921
3. 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 (<u>NOT</u> a P.O. Box)		
City/Town	State RHODE ISLAND	Zip Code
4. The name and address of all resident partners is:		
NAME	ADDRESS	
Gregory Kirwan	605 Oak Hill Rd., North Kingstown, Rhode Island 02852	
Brian Mocogni	32 Valley View Drive, Cranston, Rhode Island 02921	
Check the box to indicate an attachment. <input type="checkbox"/>		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

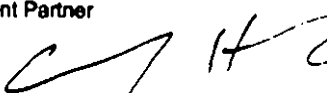
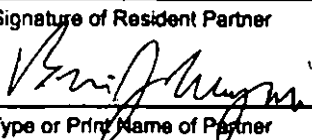
Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

FEB 05 2021

BY DNRM3A.A. 12:06 PM
FORM 500 - Revised 05/2016

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:		
Street Address 32 Valley View Drive		
City/Town Cranston	State Rhode Island	Zip Code 02921
6. A brief statement of the business in which the partnership is engaged: Selling Financial Products and money management		
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.		
<i>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.</i>		
Type or Print Name of Partner Gregory Kirwan	Date 1/28/2021	
Signature of Resident Partner  SIGN DOCUMENT HERE		
Type or Print Name of Partner Brian Mocogni	Date 1/28/2021	
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

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,

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 05, 2021 12:06 PM

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

Nellie M. Gorbea
Secretary of State

