



**State of Rhode Island
Office of the Secretary of State**

Fee: \$310.00

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

**Foreign Corporation
Application for Certificate of Authority**

(Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended)

SECTION I

The name of the corporation is Magnolia Bank, Incorporated

SECTION II

It is incorporated under the laws of State: KY Country: USA

This Application for Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing 07/05/2023

SECTION III

The name, if different, which it elects to use in Rhode Island:

(a) *If the name of the corporation does not contain the word "corporation", "company", "incorporated", or "limited", or an abbreviation thereof, add one of these corporate endings for use in Rhode Island OR*

(b) *if the corporation proposes to qualify and transact business under a different name, list that name:*

Note: If option (b) is elected, a Fictitious Business Name Statement (FORM 624A) is required to be filed with this application

SECTION IV

The date of its incorporation is 9/29/1919

and the period of its duration is ☒ Perpetual ☐

SECTION V

The location of its principal office is

No. and Street: 649 WEST DIXIE HWY

City or Town: ELIZABETHTOWN

State: KY

Zip: 42701

Country: USA

SECTION VI

The address of its proposed registered office in Rhode Island is

No. and Street: 450 VETERANS MEMORIAL PARKWAY

SUITE 7A

City or Town: EAST PROVIDENCE

State: RI

Zip: 02914

and the name of its proposed registered agent in Rhode Island at that address is CT CORPORATION SYSTEM

SECTION VII

The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

MAGNOLIA BANK IS AN FDIC INSURED BANK HEADQUARTERED IN THE STATE OF KENTUCKY. WE OFFER MORTGAGE LENDING AND BROKERING SERVICES. WHILE MAGNOLIA BANK DOES NOT HAVE A PHYSICAL LOCATION IN RI, WE COULD TAKE APPLICATIONS THROUGH THE MAIL, TELEPHONE, ONLINE AND ON ORIGINATION LOANS USING THIRD PARTY ATTORNEYS

OR CLOSING AGENTS.

SECTION VIII

(a) The names and respective addresses of its directors (optional unless directors are required under the laws of the state or country of which it is incorporated).

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	DEENA LONDON	649 W DIXIE AVE ELIZABETHTOWN, KY 42701 USA
PRESIDENT	DEENA LONDON	649 W DIXIE AVE ELIZABETHTOWN, KY 42701 USA
SVP	SARAH QUESENBERRY	649 WEST DIXIE HWY ELIZABETHTOWN, KY 42701 USA
SVP	SARAH QUESENBERRY	649 WEST DIXIE HWY ELIZABETHTOWN, KY 42701 USA

(b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated).

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	DEENA LONDON	649 W DIXIE AVE ELIZABETHTOWN, KY 42701 USA
PRESIDENT	DEENA LONDON	649 W DIXIE AVE ELIZABETHTOWN, KY 42701 USA
SVP	SARAH QUESENBERRY	649 WEST DIXIE HWY ELIZABETHTOWN, KY 42701 USA
SVP	SARAH QUESENBERRY	649 WEST DIXIE HWY ELIZABETHTOWN, KY 42701 USA

SECTION IX

The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares Num of Shares	
CWP			\$272.7300	258,912.00

Signed this 5 Day of July, 2023 at 12:20:52 PM by the officers(s). 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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.

By SARAH QUESENBERRY SVP
Signature of Authorized Officer of the Corporation

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

Certificate of Existence

Authentication number: 293619

Visit <https://web.sos.ky.gov/fts/show/certvalidate.aspx> to authenticate this certificate.

I, Michael G. Adams, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

MAGNOLIA BANK, INCORPORATED

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 271B, whose date of incorporation is September 29, 1919 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that Articles of Dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 5th day of July, 2023, in the 232nd year of the Commonwealth.



Michael G. Adams

Michael G. Adams
Secretary of State
Commonwealth of Kentucky
293619/0003100



State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, 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:

July 05, 2023 12:20 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore
Secretary of State

