RI SOS Filing Number: 202342933660 Date: 11/27/2023 11:08:00 AM



State of Rhode Island **Department of State - Business Services Division**

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Annual Report for the year: つんしょう **Limited Liability Company**

2023 NOV 27 A II: 07

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Limited Liability Company			
001722812	Clarendon Notary Services LLC			
3. NAICS Code 541120	Brief description of the character of business conducted in Rhode Island Provide notary services to differnt types of client.			
5. State of Formation				
Rhode Island				
6. Principal Office Address		City	State	Zip
16 Sweet Fern Dr.		Cranston	RI	02921
7. Mailing Address of Limited	Liability Company and Name or T	itle of Contact Person	4	<u></u>
Contact Name James E. Larson		Contact Title Owner		
Street Address 16 Sweet Fern Dr.		Cranston	State RI	^{Z_{rp}} 02921
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.				
9. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.				
Name of Authorized Person James E. Larson			Date	
Signature of Authorized Person	imes G. Leuson	N		-

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**

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FORM 632 - Revised: 04/2023