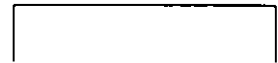




State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**



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

→ Filing Fee: \$150.00

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 R.I. DEPT. OF STATE  
 BUS SVCS DIV

2021 MAY 21 A 9 22

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:		
<b>Mobile Notary Service of RI llp</b>		
2. The address of the principal office is:		
Street Address 7 Juniper LN		
City/Town Johnston	State R.I.	Zip Code 02919
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 (NOT a P.O. Box)		
City/Town	State RHODE ISLAND	Zip Code
4. The name and address of all resident partners is:		
NAME	ADDRESS	
Doris M. Kanakry	7 Juniper LN. Johnston R.I. 02919	
Frederick A. Kanakry	7 Juniper LN Johnston R.I. 02919	
Check this box to indicate an attachment <input type="checkbox"/>		

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 2021 JUN 22 PM 2:34

**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**

JUN 22 2021

BY *RV695*

*A.A. 2:34 pm* | ORIA 600 Revised: 02 2018

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  
**7 Juniper LN**

City/Town <b>Johnston</b>	State <b>R.I.</b>	Zip Code <b>02919</b>
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6. A brief statement of the business in which the partnership is engaged in:

**We offer mobile service to the entire state of Rhode Island. We specialize in Mortgage Documents.**

*Traveling Notary Service*

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.

*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 <b>Doris M. Kanakry</b>	Date <b>May 17, 2021</b>
--	-----------------------------

Signature of Resident Partner  
*Doris M. Kanakry* SIGN DOCUMENT HERE

Type or Print Name of Partner <b>Frederick A. Kanakry</b>	Date <b>May 17, 2021</b>
--	-----------------------------

Signature of Resident Partner  
*Frederick A. Kanakry* 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:

June 22, 2021 02:34 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*

