



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

775

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 163989		2. Name of Corporation Affinity Mortgage Corporation		
3. Street Address Principal Business Office 990 Mineral Spring Avenue, 1st Floor Left			City North Providence	State RI
			Zip 02904	
4. Business Phone No. 401 475 9726		5. State of Incorporation Rhode Island		
6. Brief Description of the Character of Business Conducted in Rhode Island Mortgage broker				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Maria G. Goncalves		Vice President Name Maria G. Goncalves		
Street Address 12 Julia Drive		Street Address same		
City North Providence	State RI	Zip 02911	City	State RI
Secretary Name Maria G. Goncalves		Treasurer Name Maria G. Goncalves		
Street Address same		Street Address same		
City	State	Zip	City	State
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES		ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
100 Common No Par Value			0	common
				no par value

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

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.

Maria G. Goncalves
Signature _____ Date _____
Maria G. Goncalves
Print or Type Name
President
Title

File Date **FILED**
Check No. JUN 24 2008
By: 1051
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