



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>8166181</u>		2. Exact name of the Corporation <u>Maria Development, Inc.</u>		
3. Principal office address <u>3215 W. Ray Rd.</u>		City <u>Chandler</u>	State <u>AZ</u>	Zip <u>85226</u>
4. Business Phone No. <u>480-752-3530</u>		5. State of Incorporation <u>Arizona</u>		
6. Brief description of the character of business conducted in Rhode Island <u>Mortgage Lending</u>				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name <u>Stanley Morris</u>		Vice-President Name		
Street Address <u>1045 E. BUENO VISTA DR.</u>		Street Address		
City <u>Tempe</u>	State <u>AZ</u>	Zip <u>85284</u>	City	State Zip
Secretary Name <u>Shawn Morris</u>		Treasurer Name <u>Ronald Duranti</u>		
Street Address <u>1051 W. Grand Canyon</u>		Street Address <u>6207 E. RIVERDALE ST.</u>		
City <u>Chandler</u>	State <u>AZ</u>	Zip <u>85248</u>	City <u>Mesa</u>	State <u>AZ</u> Zip <u>85215</u>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name <u>Christopher England</u>		Director Name <u>Garrett Helminski</u>		
Street Address <u>1828 E. Harriet Dr.</u>		Street Address		
City <u>Phoenix</u>	State <u>AZ</u>	Zip <u>85020</u>	City	State Zip
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State Zip
SHARES AUTHORIZED <input type="checkbox"/>				
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		NUMBER OF SHARES <u>1,000,000</u>	CLASS/SERIES <u>—</u>	PAR VALUE <u>1</u>

FILED

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.

FILED

Signature of Authorized Representative

Date

Print or Type Name of Authorized Representative

JUL 28 2014

BY Shawn Morris