	State of Rho Office of the Sec		ate	Fee: \$50.00
	Division Of Busi 148 W. Riv Providence RI	er Street		
HOPE	(401) 222			
Limited Liabilit Annual Report Filing Period: Sept				
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.				
ANNUAL REPOR	T YEAR: <u>2020</u>			
1. ID No. 000144283				
2. Exact Name of the Limited Liability Company <u>ARK-LA-TEX FINANCIAL SERVICES, LLC</u>				
3. State of Formation				
State: <u>TX</u>				
ARTICLE III				
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.				
<u>522310</u>				
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island				
<u>FULL SERVICE RESIDENTIAL MORTGAGE LENDER AND</u> <u>BROKER, SPECIALIZING IN</u> <u>PROVIDING MULTIPLE FINANCE OPTIONS AND PROGRAMS</u> <u>TO MEET THE NEEDS OF A</u>				
MAJORITY OF	ELIGIBLE HOMEBUYERS.			
5. Principal Offic	e Address			
No. and Street:	5160 TENNYSON PARKWAY SUITE 1000			
City or Town:	PLANO	State: <u>TX</u>	Zip: <u>75024</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:				
Contact Name: No. and Street:	Contact Title: 5160 TENNYSON PARKWAY SUITE 1000			
City or Town:	PLANO	State: TX	Zip: <u>75024</u>	Country: <u>USA</u>
7. Name and Ade DO NOT LIST	dress of Each Manager of the Limited MEMBERS	Liability Com	pany, if Applic	able.

Individual Name First, Middle, Last, Suffix Address

Address, City or Town, State, Zip Code, Country

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

REGISTERED AGENT SOLUTIONS, INC. 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK, RI 02888

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 19 Day of October, 2020 at 12:20:46 PM by the authorized person. *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 company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By JOSEPH MIRABELLA

Signature of Authorized Person

Form No. 632 Revised 09/07

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