



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

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3010

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

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 000157048		2. Name of Corporation Atlantis Mortgage Corporation			
3. Street Address Principal Business Office 29 Union Street			City New Bedford	State MA	Zip 02740
4. Business Phone No. 508-994-0228		5. State of Incorporation Massachusetts			
6. Brief Description of the Character of Business Conducted in Rhode Island					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Howard L Mallowes IV			Vice President Name Jason P Lanagan		
Street Address 18 Brittany Lane			Street Address 29-31 Union Street #3		
City North Dartmouth	State MA	Zip 02747	City New Bedford	State MA	Zip 02740
Secretary Name Jason P Lanagan			Treasurer Name Howard L Mallowes IV		
Street Address 29-31 Union Street #3			Street Address 18 Brittany Lane		
City New Bedford	State MA	Zip 02740	City North Dartmouth	State MA	Zip 02747
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Howard L Mallowes IV			Director Name		
Street Address 18 Brittany Lane			Street Address		
City North Dartmouth	State MA	Zip 02747	City	State	Zip
Director Name Jason P Lanagan			Director Name		
Street Address 29-31 Union Street #3			Street Address		
City New Bedford	State MA	Zip 02740	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000	CNP	\$0	0	CNP	\$0

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.

FILED	
File Date	AUG 21 2007
Check No.	
By:	<u>LRSP</u>
FOR SECRETARY OF STATE USE ONLY	

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.

Howard L Mallowes IV 8/20/07
Signature Date

Howard L Mallowes IV

Print or Type Name

President

Title