



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
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

1. ID No. 101320		2. Exact name of the limited liability company Nellie Mae Loan Finance, LLC			
3. State of Formation DE		4. Brief description of the character of the business which is actually conducted in Rhode Island financing entity for student loans			
5. Principal office address 12061 Bluemont Way		City Reston	State VA	Zip 20190	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Mary Eure		Contact Title Secretary			
Street Address 12061 Bluemont Way		City Reston	State VA	Zip 20190	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐ ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name C.E. Andrews		Manager Name Dennis Howarth			
Street Address 12061 Bluemont Way		Street Address 51 Everett Drive			
City Reston	State VA	Zip 20190	City West Windsor	State NJ	Zip 08550
Manager Name Edna Astacio		Manager Name Edna Astacio			
Street Address 51 Everett Drive		Street Address 51 Everett Drive			
City West Windsor	State NJ	Zip 08550			
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name CT Corporation		Address 10 Weybosset Drive			
Address Providence		City Providence	State RI	Zip 02903	

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



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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	
File Date SEP 12 2007	
Check No. By 150127	
FOR SECRETARY OF STATE USE ONLY	

Mary F. Eure 7/6/07
Signature of Authorized Person Date
Mary F. Eure/Secretary
Print or Type Name of Authorized Person