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. | 2. Exact name of the limited liability company |
|---|---|
| 101320 | Nellie Mae Loan Finance, LLC |

| 3. State of Formation | 4. Brief description of the character of the business which is actually conducted in Rhode Island |
|---|---|
| DE | financing entity for student loans |

| 5. Principal office address | City | State | Zip |
|---|---|---|---|
| 12061 Bluemont Way | Reston | VA | 20190 |

**6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:**

| Contact Name | Contact Title |
|---|---|
| Mary Eure | Secretary |

| Street Address | City | State | Zip |
|---|---|---|---|
| 12061 Bluemont Way | Reston | VA | 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 | Street Address | City | State | Zip |
|---|---|---|---|---|
| C.E. Andrews | 12061 Bluemont Way | Reston | VA | 20190 |
| Dennis Howarth | 51 Everett Drive | West Windsor | NJ | 08550 |
| Edna Astacio | 51 Everett Drive | West Windsor | NJ | 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 | Address | City | Zip |
|---|---|---|---|
| CT Corporation | 10 Weybosset Drive | Providence | RI 02903 |

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

[redacted] 101320 [redacted]

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

[redacted]

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.

Mary F. Eure 7/6/07
*Signature of Authorized Person* *Date*

Mary F. Eure/Secretary
*Print or Type Name of Authorized Person*

Form 632 Rev. 08/06