

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

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 falling 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(cod)) is subject to a penalty fee of \$25.00.

144 (R.1.G.2. 7-1.2-1)01(LGA)	, is subject to a pe	muny jee of \$25.00.					
1. Corporate ID No. 132013	2. Name of Corp. T&R MO	oration PRTGAGE BROKER:	S CORP.				
3. Street Address Principal Business Office 410 TIOGUE AVENUE, UNIT 1, FIRST FLOOR			City	State RI	<i>2ip</i> 02816		
4. Business Phone No. 5. State of Incorpo 401-615-9886 RHODE ISL			ration				
6. Brief Description of the Characte MORTGAGE BROKERA		cted in Rhode Island					
7. NAMES AND ADDRESS! President Name	es of the oppi	CERS: ("X" BOX FOR	ATTACHMENT) TELL IN :	PACES BEFORE USING	ATTACHMENTS		
THOMAS A. SEPE			RUTH GIL-JOHNSTON				
Street Address 41 BLACK PLAIN RD.			Street Address 15 LONGMEADOW RD.				
EXETER	State RI	<i>Σφ</i> 02822	City LINCOLN	State Ri	<i>Ζφ</i> 02865		
Secretary Name THOMAS A. SEPE			Treasurer Name RUTH GIL-JOHNSTON				
Street Address 41 BLACK PLAIN RD.			Street Address 15 LONGMEADOW RD.				
City EXETER	State RI	^{Ζφ} 02822	City LINCOLN	State RI	<i>z</i> φ 02865		
Director Name THOMAS A. SEPE Street Address	e or the pire	CTORR ("X" ROX PO	Director Name RUTH GIL-JOHNS Street Address				
(SAME)			(SAME)				
City	State	Zip	City	State	Zip CS		
Director Name			Director Name	Director Name			
Street Address			Street Address				
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9. SHARES AUTHORIZED AUTHORIZED SHARES	CX" BOX FOR	аттаснивит) 🗆		("X" BOX FOR ATTACE TION MUST BE COMPLETED	MENT)		
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Under penalty of perjury, I declare and al including any accompanying schedules a contained herein are the and correct.	firm that I have examined this report, nd statements, and that all statements
	9/3/07
Signature 16001165 Syst	Date
Print or Type Name	
Title	Form 630 Rev. 12/06