RI SOS Filing Number: 200700679780 Date: 09/19/2007 4:00 PM

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*

# 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. | 2. Name of Corporation | | | |
|---|---|---|---|---|
| 000151930 | Nationwide Settlement Solutions Inc | | | |
| 3. Street Address Principal Business Office | | City | State | Zip |
| One Corporate Drive, STE 103 | | Bohemia | NY | 11716 |
| 4. Business Phone No. | 5. State of Incorporation | | | |
| 631-218-8500 | New York | | | |

6. Brief Description of the Character of Business Conducted in Rhode Island

**7. NAMES AND ADDRESSES OF THE OFFICERS:** ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

| President Name | | | | Vice President Name | | | |
|---|---|---|---|---|---|---|---|
| Stephen DAVANZO | | | | JOHN Wieder | | | |
| Street Address | | | | Street Address | | | |
| One Corporate Dr. Ste 103 | | | | 35 East Grassy Sprain Rd | | | |
| City | State | Zip | | City | State | Zip | |
| Bohemia | NY | 11716 | | Yonkers | NY | 10710 | |
| Secretary Name | | | | Treasurer Name | | | |
| Steven Wieder | | | | | | | |
| Street Address | | | | Street Address | | | |
| 35 East Grassy Sprain Rd | | | | | | | |
| City | State | Zip | | City | State | Zip | |
| Yonkers | NY | 10710 | | | | | |

**8. NAMES AND ADDRESSES OF THE DIRECTORS:** ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

| Director Name | | | | Director Name | | | |
|---|---|---|---|---|---|---|---|
| Stephen DAVANZO | | | | JOHN Wieder | | | |
| Street Address | | | | Street Address | | | |
| One Corporate Dr Ste 103 | | | | 35 East Grassy Sprain Rd | | | |
| City | State | Zip | | City | State | Zip | |
| Bohemia | NY | 11716 | | Yonkers | NY | 10710 | |
| Director Name | | | | Director Name | | | |
| Steven Wieder | | | | | | | |
| Street Address | | | | Street Address | | | |
| 35 East Grassy Sprain Rd | | | | | | | |
| City | State | Zip | | City | State | Zip | |
| Yonkers | NY | 10710 | | | | | |

**9. SHARES AUTHORIZED** ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES

| Number of Shares | Class/Series | Par Value |
|---|---|---|
| 200 | | None |
| | | |

**10. SHARES ISSUED** ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

| Number of Shares | Class/Series | Par Value |
|---|---|---|
| 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.

[redacted] [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.

Signature — Date: 9/15/07

Diane Strzelinski
Print or Type Name

Bookkeeper
Title

[redacted]

**FILED**

File Date

Check No. SEP 19 2007

By: By 2246

FOR SECRETARY OF STATE USE ONLY

13660-4-180503

Form 630 Rev. 12/06