



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. 84162		2. Name of Corporation THE MORTGAGE GIANT, INC			
3. Street Address Principal Business Office 16 COUNTY STREET			City ATTLEBORO	State MA	Zip 02703
4. Business Phone No. 508 223 2440		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island BROKERING OF MORTGAGES, LOANING MONEY, INVESTMENTS, HOLDING/OWNING REAL ESTATE					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name WILLIAM J GRIFFIN			Vice President Name WILLIAM J GRIFFIN		
Street Address 16 COUNTY STREET			Street Address 16 COUNTY STREET		
City ATTLEBORO	State MA	Zip 02703	City ATTLEBORO	State MA	Zip 02703
Secretary Name ATTORNEY D. JOSEPH D'AMICO			Treasurer Name WILLIAM J GRIFFIN		
Street Address 728 VALLEY STREET			Street Address 16 COUNTY STREET		
City PROVIDENCE	State RI	Zip 02908	City ATTLEBORO	State MA	Zip 02703
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name WILLIAM J GRIFFIN			Director Name N/A		
Street Address 16 COUNTY STREET			Street Address N/A		
City ATTLEBORO	State MA	Zip 02703	City N/A	State N/A	Zip N/A
Director Name N/A			Director Name N/A		
Street Address N/A			Street Address N/A		
City N/A	State N/A	Zip N/A	City N/A	State N/A	Zip N/A
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
900 NO PAR VALUE			NONE		

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 **OCT 16 2007 10:26**

Check No. **RV KML**

By: **039510**

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.

Signature

Date

**WILLIAM J GRIFFIN**

Print or Type Name

**PRESIDENT**

Title