



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Matthew A. Brown, Secretary of State  
Corporations Division  
148 W. River St., 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

\* In accordance with R.I.G.L. 7-1.3-150(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. 7-1.3-101(e-4)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 139933		2. Name of Corporation Mortgage Impressions, Incorporated			
3. Street Address Principal Business Office 1478 Atwood Ave unit Johnston RI 02919					
4. Business Phone No. 4012288600		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island TO SOLICIT, PROCESS, NEGOTIATE, PLACE OR SELL LOANS FOR OTHERS IN THE PRIMARY MARKET. TO BE A NOMINAL MORTGAGE OR CREDITOR WHERE THERE IS A CONTEMPORANEOUS ADVANCEMENT OF FUNDS BY A LENDER AND ASSIGNMENT OF					
7. NAMES AND ADDRESSES OF THE OFFICERS (X) BOX FOR ATTACHMENT ( ) FILL IN SPACES BEFORE USING ATTACHMENTS		7. NAMES AND ADDRESSES OF THE OFFICERS (X) BOX FOR ATTACHMENT ( ) FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Susan Frongillo		Vice President Name			
Street Address 23 Rollingwood Drive		Street Address			
City Johnston	State RI	Zip 02919	City	State	Zip
Secretary Name Susan Frongillo		Treasurer Name 23 Rollingwood Drive			
Street Address 23 Rollingwood Drive		Street Address 23 Rollingwood Drive			
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. NAMES AND ADDRESSES OF THE DIRECTORS (X) BOX FOR ATTACHMENT ( ) FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Susan Frongillo		Director Name			
Street Address 23 Rollingwood Drive		Street Address			
City Johnston	State RI	Zip 02919	City	State	Zip
9. SHARES AUTHORIZED (X) BOX FOR ATTACHMENT ( )					
AUTHORIZED SHARES			10. SHARES ISSUED (X) BOX FOR ATTACHMENT ( )		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	NO PAR VALUE		100	Common	No PAR VALUE

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 CORPORATIONS DIV  
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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.



\*139933 DBC 12/26/06 11:32:48 AM\*

File Date **FILED**

Check No. **OCT 25 2007**

By **40475**

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 of Officer *[Signature]* Date **6/25/07**

Susan Frongillo  
Print or Type Name of Officer

President  
Title of Officer