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. 7-1.2-1501(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
139933	Mortgage Impressions, Incorporated

3. Street Address Principal Business Office	City	State	Zip
1478 Atwood Ave unit 207-208	Johnston	RI	02919

4. Business Phone No.	5. State of Incorporation
4012288600	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

President Name	Vice President Name
Susan Frongillo	
Street Address	**Street Address**
23 Rollingwood Drive	
City / State / Zip	City / State / Zip
Johnston / RI / 02919	
Secretary Name	**Treasurer Name**
Susan Frongillo	23 Rollingwood Drive
Street Address	**Street Address**
23 Rollingwood Drive	23 Rollingwood Drive
City / State / Zip	City / State / Zip
Johnston / RI / 02919	Johnston / RI / 02919

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

Director Name	Director Name
Susan Frongillo	
Street Address	**Street Address**
23 Rollingwood Drive	
City / State / Zip	City / State / Zip
Johnston / RI / 02919	
Director Name	**Director Name**
Street Address	**Street Address**
City / State / Zip	City / State / Zip

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000	NO PAR VALUE	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	Common	No PAR VALUE

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] 139933 [redacted]

139933 DBC 12/26/06 11:32:48 AM
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By: By 40475
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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 — Date 10/25/07
Susan Frongillo
Print or Type Name of Officer
[redacted] President
Title of Officer

Form 630 12/05