



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

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007**

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No <b>101424</b>		2. Exact name of the limited liability company <b>Mortgage Express, LLC</b>			
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>LOAN BROKER</b>			
5. Principal office address <b>132 Old River Road 101</b>		City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>Joseph Picozzi</b>			Contact Title <b>owner-member</b>		
Street Address <b>132 Old River Road 101</b>		City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <b>NONE</b>			Manager Name <b>NONE</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name <b>NONE</b>			Manager Name <b>NONE</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name <b>JOSEPH PICOZZI</b>			Address		
Address <b>132 OLD RIVER ROAD, #101</b>		City <b>LINCOLN</b>	Zip <b>02865</b>		

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**FILED**

File Date **OCT 02 2007**  
Check No. **4400**  
By: \_\_\_\_\_  
By: \_\_\_\_\_

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.

*Joseph Picozzi*  
Signature of Authorized Person  
**JOSEPH PICOZZI**  
Print or Type Name of Authorized Person  
Date **9-24-2007**