



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>106021</b>		2. Exact name of the limited liability company <b>MCN Mortgage Company, LLC</b>	
3. State of Formation <b>CONNECTICUT</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>COMMERCIAL FUNDING OF BUILDERS SPEC HOUSES</b>	
5. Principal office address <b>30 OAK STREET</b>		City <b>WESTERLY</b>	State <b>RI</b>
		Zip <b>02891</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>WILLIAM A. LAMPE</b>		Contact Title <b>MANAGER</b>	
Street Address <b>30 OAK STREET</b>		City <b>WESTERLY</b>	State <b>RI</b>
		Zip <b>02891</b>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS (X BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name <b>WILLIAM A. LAMPE</b>		Manager Name	
Street Address <b>30 OAK STREET</b>		Street Address	
City <b>WESTERLY</b>	State <b>RI</b>	Zip <b>02891</b>	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	
City		State	
City		State	
City		State	
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>WILLIAM A. LAMPE</b>		Address	
Address <b>30 OAK STREET</b>		City <b>WESTERLY</b>	Zip <b>02891</b>

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

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.

*William A. Lampe* 10/30/07  
Signature of Authorized Person Date

**WILLIAM A. LAMPE**  
Print or Type Name of Authorized Person

File Date	<b>FILED</b>
Check No.	<b>NOV 01 2007</b>
By:	<b>By 43415</b>
FOR SECRETARY OF STATE USE ONLY	