



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

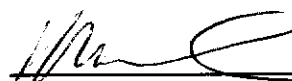
Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00

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. 123693		2. Exact name of the limited liability company JP Mortgage Group, LLC	
3. State of Formation MASSACHUSETTS		4. Brief description of the character of the business which is actually conducted in Rhode Island FINANCIAL SERVICES	
5. Principal office address 544 Milford Road, Milford Plaza		City Swansea	State MA
		Zip 02777	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Marc P. Landry		Contact Title Manager	
Street Address P.O. Box 3123		City Fall River	State MA
		Zip 02722	
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) ☐			
Manager Name Marc P. Landry		Manager Name None	
Street Address P.O. Box 3123		Street Address	
City Fall River	State MA	City	State
Zip 02722		Zip	
Manager Name None		Manager Name None	
Street Address		Street Address	
City	State	City	State
Zip		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 BRUCE H. COX, ESQ.		Address	
Address 1481 WAMPANOAG TRAIL		City EAST PROVIDENCE	Zip 02914

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.


Signature of Authorized Person
Date **12/5/07**

Marc P. Landry, Member

Print or Type Name of Authorized Person

File Date	FILED
Check No.	DEC 05 2007
By	1155
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