



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

not
4/12/15
Hon. 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. 73691		2. Exact name of the limited liability company Mortgage Acquisition Associates, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ACQUIRE, DEVELOP, MANAGE, IMPROVE, RENT, LEASE & SELL REAL ESTATE & PERSONAL PROPERTY	
5. Principal office address 61 Ledge Road, Unit G		City Newport	State RI
		Zip 02840	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Stephen R. Lewinstein		Contact Title	
Street Address 61 Ledge Road, Unit G		City Newport	State RI
		Zip 02840	
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 None		Manager Name	
Street Address		Street Address	
City	State	City	State
Manager Name		Manager Name	
Street Address		Street Address	
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 David J. Tracy		Address 50 Kennedy Plaza, Ste. 1500	
Address Hinckley, Allen & Snyder LLP		City Providence	Zip 02903

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

73691

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.

Stephen R. Lewinstein 9-25-07
Signature of Authorized Person Date

Stephen R. Lewinstein

Print or Type Name of Authorized Person

File Date	10/19/07
Check No.	12/15
By:	<i>gmd</i>
FOR SECRETARY OF STATE USE ONLY	