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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: $50.00* **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK**

**** 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			
152774	EMPIRE LOAN OF RI NORTH, INC.			
3. Street Address Principal Business Office		City	State	Zip
358 Broad Street		Providence	R.I.	02907
4. Business Phone No.	5. State of Incorporation			
(401) 273-7050	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island
Loan money on the security of a deposit of any personal property

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
John F. Keithline			Open		
Street Address			Street Address		
358 Broad Street					
City	State	Zip	City	State	Zip
Providence	R.I.	02907			
Secretary Name			Treasurer Name		
Michael Goldstein			Michael Goldstein		
Street Address			Street Address		
1130 Washington Street			1130 Washington Street		
City	State	Zip	City	State	Zip
Boston	MA	02118	Boston	MA	02118

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

Director Name			Director Name		
NONE					
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100 SHS	COMMON	NO PAR

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.

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 *Date* 1/16/08

JOHN F. KEITHLINE
Print or Type Name

President
Title

FILED
File Date JAN 25 2008
Check No.
By: By DS170
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Form 630 Rev. 12/06