



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

A. Ralph Molis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2675
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. 136585		2. Name of Corporation The Residential Mortgage Group, Inc.			
3. Street Address Principal Business Office 500 Edgewater Drive, Suite 580			City Wakefield	State MA	Zip 01880
4. Business Phone No. 781-909-7100		5. State of Incorporation Massachusetts			
6. Brief Description of the Character of Business Conducted in Rhode Island Mortgage Broker					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Brian Fogarty			Vice President Name None		
Street Address 500 Edgewater Drive, Suite 580			Street Address		
City Wakefield	State MA	Zip 01880	City	State	Zip
Secretary Name None			Treasurer Name Timothy Nickerson		
Street Address 500 Edgewater Drive, Suite 580			Street Address 500 Edgewater Drive, Suite 580		
City Wakefield	State MA	Zip 01880	City Wakefield	State MA	Zip 01880
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Brian Fogarty			Director Name Timothy Nickerson		
Street Address 500 Edgewater Drive, Suite 580			Street Address 500 Edgewater Drive, Suite 580		
City Wakefield	State MA	Zip 01880	City Wakefield	State MA	Zip 01880
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
200,000	Common	No par value	None	Common	None
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

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.

FILED

File Date

Check No. JAN 28 2008

By: DS 5584

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.

Signature [Signature] Date 1/21/08

Brian Fogarty

Print or Type Name

President

Title