



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 02904-261
401.222.304

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. 88066		2. Name of Corporation Commercial Loan Inventors, Inc.		
3. Street Address Principal Business Office 1319 CRANSTON STREET		City CRANSTON	State RI	Zip 02920
4. Business Phone No. 4019431580		5. State of Incorporation RHODE ISLAND		

5. Brief Description of the Character of Business Conducted in Rhode Island
TO BROKER AND PACKAGE COMMERCIAL LOANS

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

President Name James G. DeSimone			Vice President Name Jean A. Gesualdi		
Street Address 28 Cohasset Lane			Street Address 27 Claudia Drive		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Secretary Name Jean A. Gesualdi			Treasurer Name James G. DeSimone		
Street Address 27 Claudia Drive			Street Address 28 Cohasset Lane		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02921

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

Director Name Linda DeSimone Kuzoian			Director Name Robert Kuzoian		
Street Address 400 Narragansett Parkway; Unit B4			Street Address 400 Narragansett Parkway; Unit B4		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
Director Name James G. DeSimone			Director Name Jean A. Gesualdi		
Street Address 28 Cohasset Lane			Street Address 27 Claudia Drive		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921

9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 Common	No Par Value		600	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.

James G. DeSimone
Signature _____ Date 2-8-08

James G. DeSimone
Print or Type Name
President
Title

File Date **FILED**

Check No. **FEB 12 2008**

By: **OS-11105**

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