



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. 72098		2. Name of Corporation United Mortgage Company	
3. Street Address Principal Business Office 1481 Atwood Avenue			City Johnston
			State Rhode Island
			Zip 02919
4. Business Phone No. 401-714-0990		5. State of Incorporation Rhode Island	
6. Brief Description of the Character of Business Conducted in Rhode Island Brokering loans and mortgages on real estate.			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Richard J. Colardo, Sr.		Vice President Name Richard J. Colardo, Sr.	
Street Address 1481 Atwood Avenue		Street Address 1481 Atwood Avenue	
City Johnston	State Rhode Island	City Johnston	State Rhode Island
Zip 02919		Zip 02919	
Secretary Name Richard J. Colardo, Sr.		Treasurer Name Richard J. Colardo, Sr.	
Street Address 1481 Atwood Avenue		Street Address 1481 Atwood Avenue	
City Johnston	State Rhode Island	City Johnston	State Rhode Island
Zip 02919		Zip 02919	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name Richard J. Colardo, Sr.		Director Name	
Street Address 1481 Atwood Avenue		Street Address	
City Johnston	State Rhode Island	City	State
Zip 02919		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
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	
200 COMM NO PAR VALUE		80	no 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: FEB 29 2008

Check No: 3992

By: \_\_\_\_\_

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: Richard J. Colardo, Sr. Date: 2-22-08

Richard J. Colardo, Sr.  
Print or Type Name

President  
Title