



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. 143144	2. Name of Corporation Brookview Financial, Inc.		
3. Street Address Principal Business Office 2321 WHITNEY AVENUE	City HAMDEN	State RI	Zip 06518
4. Business Phone No.	5. State of Incorporation Connecticut		

6. Brief Description of the Character of Business Conducted in Rhode Island

To Write Broker, Administer, and Service Commercial Investment Mortgage Loans and Commercial Investment

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

President Name Anthony A. Funaro	Vice President Name None
Street Address 2321 Whitney Avenue	Street Address
City Hamden	City
State RI CT	State
Zip 06518	Zip
Secretary Name Anthony A. Funaro	Treasurer Name Anthony A. Funaro
Street Address 2321 Whitney Avenue	Street Address 2321 Whitney Avenue
City Hamden	City Hamden
State CT	State CT
Zip 06518	Zip 06518

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

Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
20,000 Comm 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	common	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

MAR 03 2008

Check No.

By 1789

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

Date

Anthony A. Funaro

Print or Type Name

President

Title