RI SOS Filing Number: 200809688980 Date: 03/07/2008 4:00 PM

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
163688	SUNRISE MORTGAGE INC

3. Street Address Principal Business Office	City	State	Zip
155 SOUTH MAIN STREET, SUITE # 304	PROVIDENCE	RHODE ISLAND	02904

4. Business Phone No.	5. State of Incorporation
401-233-1655	RHODE ISLAND

6. Brief Description of the Character of Business Conducted in Rhode Island
ORIGINATE AND PROCESSOR LOANS

RECEIVED 2008 FEB 8 PM 3:12 SECRETARY OF STATE CORPORATIONS DIV.

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

President Name	Street Address	City	State	Zip
EUFROSINA J.PACHECO	40 LIGHTHOUSE VIEW DRIVE	MIDDLETOWN	R.I.	02842

Vice President Name	Street Address	City	State	Zip
THEODORE K. PARKOS	40 LIGTHOUSE VIEW DRIVE	MIDDLETOWN	R.I.	02842

Secretary Name	Street Address	City	State	Zip
****	****	****		

Treasurer Name	Street Address	City	State	Zip
*****	*****	*****	***	

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

Director Name	Street Address	City	State	Zip
EUFROSINA J. PACHECO	40 LIGHTHOUSE VIEW DRIVE	MIDDLETOWN	R.I.	02842

Director Name	Street Address	City	State	Zip
THEODORE K. PARKOS	40 LIGTHOUSE VIEW DRIVE	MIDDLETOWN	R.I.	02842

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

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

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1000.00		~~1.00~~ 0.01
*****		

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES – THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
1000.00		~~1.00~~ 0.01
******	****	****

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.

[redacted]

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.

2/20/08
Signature *Date*

EUFROSINA PACHECO
Print or Type Name

PRESIDENT
Title

[redacted]

File Date	FILED
Check No.	Mar 7, 2008
By:	By 1799

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Form 630 Rev. 12/06