



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. 163688		2. Name of Corporation SUNRISE MORTGAGE INC	
3. Street Address Principal Business Office 155 SOUTH MAIN STREET, SUITE # 304		City PROVIDENCE	State RHODE ISLAND
4. Business Phone No. 401-233-1655		5. State of Incorporation RHODE ISLAND	
6. Brief Description of the Character of Business Conducted in Rhode Island ORIGINATE AND PROCESSOR LOANS			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENT			
President Name EUFROSINA J. PACHECO		Vice President Name THEODORE K. PARKOS	
Street Address 40 LIGHTHOUSE VIEW DRIVE		Street Address 40 LIGHTHOUSE VIEW DRIVE	
City MIDDLETOWN	State R.I.	City MIDDLETOWN	State R.I.
Secretary Name *****		Treasurer Name *****	
Street Address *****		Street Address *****	
City *****	State *****	City *****	State *****
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENT			
Director Name EUFROSINA J. PACHECO		Director Name THEODORE K. PARKOS	
Street Address 40 LIGHTHOUSE VIEW DRIVE		Street Address 40 LIGHTHOUSE VIEW DRIVE	
City MIDDLETOWN	State R.I.	City MIDDLETOWN	State R.I.
Director Name *****		Director Name *****	
Street Address *****		Street Address *****	
City *****	State *****	City *****	State *****
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐ AUTHORIZED SHARES		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐ ISSUED SHARES - THIS SECTION MUST BE COMPLETED	
Number of Shares 1000.00	Class Series 0.01	Par Value 1.00	
*****		*****	

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.

File Date	FILED
Check No.	MAR 7, 2008
By	1799
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 **EUFROSINA PACHECO** Date **2/20/08**
Print of Type Name
PRESIDENT
Title