



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 93417		2. Name of Corporation Atlas Financial Services, Inc.		
3. Street Address Principal Business Office 950 Smith Street			City Providence	State RI
			Zip 02908	
4. Business Phone No. (401) 421-1170		5. State of Incorporation Rhode Island		
6. Brief Description of the Character of Business Conducted in Rhode Island Mortgage Broker Service				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Anne Marie Slattery		Vice President Name Anne Marie Slattery		
Street Address 21 Alcazar Avenue		Street Address 21 Alcazar Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI
Secretary Name Anne Marie Slattery		Treasurer Name Anne Marie Slattery		
Street Address 21 Alcazar Avenue		Street Address 21 Alcazar Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name None		Director Name None		
Street Address		Street Address		
City	State	Zip	City	State
Director Name None		Director Name None		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
800	Common	No Par	800	Common
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
ISSUED SHARES — THIS SECTION MUST BE COMPLETED				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
800	Common	No Par	800	Common

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 CORPORATIONS DIV
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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	SEP 08 2008
Check No.	
By:	By <u>367491</u>
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 ASlattery Date 8/25/08
 Anne Marie Slattery
 Print or Type Name
 President
 Title