State of Rhode Island
and Providence Plantations
*Office of the Secretary of State*

***A. Ralph Mollis,*** *Secretary of Stat*
*Corporations Divisio*
*148 W. River Stree*
*Providence, RI 02904-261*
*401.222.304*

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

**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 |
|---|---|
| 81473 | Mortgage Network, Inc. |

| 3. Street Address Principal Business Office | City | State | Zip |
|---|---|---|---|
| 300 Rosewood Drive | Danvers | MA | 01923 |

| 4. Business Phone No. | 5. State of Incorporation |
|---|---|
| (978) 777-7500 | Massachusetts |

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

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

| President Name | Vice President Name |
|---|---|
| Robert A. McInnes | |
| Street Address: 55 Paine Avenue | Street Address: |
| City: Prides Crossing; State: MA; Zip: 01965 | City: ; State: ; Zip: |
| Secretary Name: Albert Pare', III | Treasurer Name: Albert Pare', III |
| Street Address: 9 Arrowhead Drive | Street Address: 9 Arrowhead Drive |
| City: Groveland; State: MA; Zip: 01834 | City: Groveland; State: MA; Zip: 01834 |

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

| Director Name | Director Name |
|---|---|
| Robert A. McInnes | Albert Pare', III |
| Street Address: 55 Paine Avenue | Street Address: 9 Arrowhead Drive |
| City: Prides Crossing; State: MA; Zip: 01965 | City: Groveland; State: MA; Zip: 01834 |
| Director Name: | Director Name: |
| Street Address: | Street Address: |
| City: ; State: ; Zip: | City: ; State: ; Zip: |

**9. SHARES AUTHORIZED**

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

| Number of Shares | Class/Series | Par Value |
|---|---|---|
| 100 | Common | 0 |
| | | |

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.

1-05-09
*Signature* *Date*

Albert Pare', III
*Print or Type Name*

[redacted] Treasurer
*Title*

*File Date* FILED

*Check No.* JAN 06 2009

*By:* By 45206

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Form 630 Rev. 08/08