



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 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. 122353		2. Name of Corporation Novelle Financial Services, Inc.			
3. Street Address Principal Business Office 19500 Jamboree Rd Suite 102			City Irvine	State CA	Zip 92612
4. Business Phone No. 877-203-4732		5. State of Incorporation Delaware			
6. Brief Description of the Character of Business Conducted in Rhode Island Mortgage Loans					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Mallory P. Hill			Vice President Name None		
Street Address 19500 Jamboree Rd Suite 102			Street Address		
City Irvine	State CA	Zip 92612	City	State	Zip
Secretary Name Mary Ann Pradera			Treasurer Name Mary Ann Pradera		
Street Address 19500 Jamboree Rd Suite 102			Street Address 19500 Jamboree Rd Suite 102		
City Irvine	State CA	Zip 92612	City Irvine	State CA	Zip 92612
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Mallory P. Hill			Director Name None		
Street Address 19500 Jamboree Rd Suite 102			Street Address		
City Irvine	State CA	Zip 92612	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares	Class/Series	Par Value
			12	PREF	\$ 0.01
			100	COMMON	\$ 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.

File Date	2-26-09
Check No.	2675
By:	MMC
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: Mallory P. Hill Date: 2-25-09
Print or Type Name: Mallory P. Hill
Title: President/CEO