

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(e&d)) is

subject to a penalty fee of \$25.00.			-					
1. Corporate ID No.								
12709 Mortgage Guarantee & Title Company								
3. Street Address Principal Business Office		1 0700	City	State	Zip			
450 Veterans Memorial Parkway, #7			East Providence	e RI	02914			
4. Rusiness Phone No. 5. State of Incorpora			_					
(401) 434-1000 Rhode I			and					
6. Brief Description of the Character of Business Conducted in Rhode Island								
Title Insurance 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS								
7. NAMES AND ADDRESSES V President Name	OF THE OFFICERS:	(A BOX FOR ATTAC	Vice President Name					
Anthony J. Montalbano			James Czapiga Street Address					
street Address 119 Francis Avenue			68 Knollwood Drive					
Civ Civ	State	Zip	Cuy	State	Zip			
Pawtücket	RI	02860	Hebron	СТ	06248			
Secretary Name : Treasurer Name				l				
Joseph A. Montalbano			Elizabeth R. Sarkisian					
Street Address			Street Address	~ · · · · · · · · · · · · · · · · · · ·	26			
10 Gale Court			Street Address 15 Mayflower Drive					
<i>City</i>	State	Zip	City	State	Zip. 3			
North Providence	e RI	02904	Mansfield	MA	072048			
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS 2) FOR								
Director Name			Director Name					
Anthony J. Montalbanb			Christopher J.	<u> Montalbano</u>	2			
Street Address			Street Address		? □;			
119 Francis Av			1680 Stoney La	ne State				
- CHy	State	Zip	City		02852 \$4			
Pawtucket	<u> RI</u>	02860	North Kingstow	hR.I	102852			
Director Name			Director Name					
Peter C. Norde	en		Street Address					
6 Wentworth Dri	VO		SIPPA ZIGRIFESS					
Cliv	State	Zip	: <i>Cuy</i>	State	Zip			
Southborough	MA	01772						
9. SHARES AUTHORIZED	PIA	1 01//2	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)					
1000 \$ 100.00 PAR VALUE			ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
			Number of Shares	Class/Series	Par Value			
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.								
			250	A / I	100.00			
			entide 1					
					<u> </u>			
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 avacuated on behalf of the corporation by the receiver or tructee								

this report must be executed on behalf of the corporation by the receiver or trustee.

File Date 2-27-09				
Check No. 61435				
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.

ant	<i>\(\(\)</i>	Latallano	02/27/2009
Signature	3		Date

Anthony J. Montalbano Print or Type Name

President