STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
148 W. River St.
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.	2. Name of Corporation			
127470	New England Mortgage Corp.			
3. Street Address Principal Business Office	Suite 203	City	State	Zip
River Glen Office Park, 10 River Rd,		Uxbridge	MA	01569
4. Business Phone No.	5. State of Incorporation			
(508) 278-4100	Massachusetts			

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

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

President Name			Vice President Name		
Brian E. Lacey			Emile J. Ethier, III		
Street Address			Street Address		
1060 Head of River Road			155 Kasey Court		
City	State	Zip	City	State	Zip
Chesapeake	VA	23322	Uxbridge	MA	01569
Secretary Name			Treasurer Name		
Terance E. Lacey			Terance E. Lacey		
Street Address			Street Address		
1052 Head of River Road			1052 Head of River Road		
City	State	Zip	City	State	Zip
Chesapeake	VA	23322	Chesapeake	VA	23322

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

Director Name			Director Name		
Brian E. Lacey			Emile J. Ethier, III		
Street Address			Street Address		
1060 Head of River Road			155 Kasey Court		
City	State	Zip	City	State	Zip
Chesapeake	VA	23322	Uxbridge	MA	01569
Director Name			Director Name		
Terance E. Lacey					
Street Address			Street Address		
1052 Head of River Road					
City	State	Zip	City	State	Zip
Chesapeake	VA	23322			

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

AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
20,000	Common	No Par Value	20,000	Common	No Par

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
MAY 14 2009
By

File Date _____
Check No. _____
By: _____
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 _____ Date 05/12/09

TERANCE E. LACEY
Print or Type Name

Secretary/Treasurer
Title