

A. Ralph Mollis, Secretary of State Corporations Division 148 W'. River Street Providence, RI 02904-2615

401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2008

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law

	1 (7.1 7-10-00 [Peec)) is subject to a penanty fee of \$25.00.						
/ ID No	i	ct name of the limited hability company					
<u> 133139 </u>	Coloni	ial Credit, LLC					
1 State of Formation	1 State of Formation 4. Brief description of the character of the business who			ch is actually conducted in Rhode i	Island		
RI mortgage broker							
5. Principal office address				City	State	Zip	
207 Quaker Lane				West Warwick	RI	02893	
6. MAILING ADDRE	SS OF L	IMITED LIABILITY (COMPANY AND NAME	OR TITLE OF CONTACT P	PERSON:		
Contact Name				Contact Title			
Steve Johnson				•			
Street Address				Chy	State	Zip	
P.O. Box	28			West Warwick	RI	02893	
7. NAME AND ADDI	RESS OF	EACH MANAGER O	F THE LIMITED LIABI	LITY COMPANY, IF APPLI	CABLE - DO NOT LIST	' MEMBERS	
			S BEFORE USING ATTA		RATTACHMENT)	·	
Manager Name				Manager Name			
.,				•			
Street Adiress				Street Address			
				•			
€77¥		State	Zip	City	State	Zip	
						,	
stanaset Name				Manager Name			
						2019	
Street Address				Street Address		3	
СЦу		State	Zip	City	State	Zip N	
				•			
8. RESIDENT AGEN	T IN RH	ODE ISLAND - DO	NOT ALTER - Changes	require filing of Form 64	42 - R.I.G.L. 7-16-11		
Ageatt Name				Address		0.00 1244	
					·		
Address				City	Zip	38	
						,	

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

	10:38	Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statements
File Date	FILED MAY 27 2009	contained herein are true and correct.
Check No	ву 1390 38/	Signifiant of Authorized terson Date StepSten Johnson
FO	R SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person